

THE ALKALOIDAL CLINIC.

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THE ALKALOIDAL CLINIC

A Monthly Journal Devoted to Accuracy in Therapeutics, with Practical Suggestions Relating to the Clinical Application of the Same.

DR. W. C. ABBOTT, Managing Editor.

DR. W. F. WAUGH, Literary Editor.

ADDRESS

THE ALKALOIDAL CLINIC,
STATION X, CHICAGO.

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ARTICLES on subjects coming within the scope of the different departments of this journal are solicited from all our readers. For each one used, if desired, we will supply the writer with twenty-five copies containing the same, or will send THE ALKALOIDAL CLINIC for three months to any ten physicians whose names and addresses accompany the article. Write on one side of the paper, and every other line only; say what you mean to say, and be brief and plain.

QUESTIONS of probable interest to our readers will be answered in our Miscellaneous Department. We expect these to add much value to our pages.

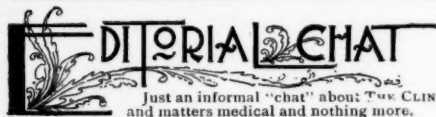
OUR AIM is to make this journal a helpful and informal interchange of thought and experience between those actively engaged in the treatment of the sick.

Address as above.

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IMPORTANT NOTICE.

Watch your date of expiration on outside of wrapper. Pink wrapper means that your subscription has expired. Unless we hear from you to the contrary we assume it your pleasure that we continue, expecting to receive a remittance at your earliest convenience. If you want the Clinic stopped please say so.



ABOUT RENEWALS.

A good many CLINICS go out in pink wrappers this month. Please get them off (see paragraph above) as quick as you can. We like best to have you avoid this by sending your renewals a month earlier. By glancing at the date on the wrapper, you can tell at any time just when your renewal is due.

BOUND VOLUMES OF THE CLINIC.

If you want a complete volume of the CLINIC for '96, in nice cloth binding, send your file, with 10 cents each for any missing numbers, and \$1.00 more, and we'll send you one prepaid.

AN IMPORTANT NOTICE!

Aiming at all times to give our readers every possible help along seasonable lines, we shall make the February CLINIC

A SPECIAL ISSUE.

Devoted to the diseases of the respiratory tract: diphtheria, tonsillitis, pharyngitis, croup, etc., etc. Our regular contributors, Waugh, Coleman, Aulde, Shaller, Cuzner, Buckley, Walling and others, have promised papers, so that it will certainly be

A STORE-HOUSE OF KNOWLEDGE

on this most important subject.

Doctor, we want your co-operation. Tell us of something you have done. Case reports and helpful suggestions of all kinds, are in order. In telling us what to do, don't forget to tell us what not to do: that this effort may be

BRIM FULL OF HELPFULNESS

for all time to come.

Please get your papers in as soon as you can, not later than the 20th, and as much earlier as possible. The price of our February special will be 20 cents—no extra charge to yearly subscribers.

DOCTOR, IS THIS YOU?

I have on my desk a paper upon "Piperine in Chills," which I want to print, but the writer's name is not attached. Will he not please send me his name?

We wish you all a happy and prosperous New Year and we will do what we can to make it so.

"PATHIES" AND "ISMS" AS FAR AS THE CLINIC IS CONCERNED.

A doctor to whom the principles of alkaloidal medication, or dosimetry, are entirely new, recently received a sample copy of the CLINIC, and writes for information. He asks: "Are you homœopathists?" Surely not, nor are we allopathists, or any other breed of pathists, but just plain every-day doctors.

We represent, and speak to, men who like ourselves have one object in view: to so practice our profession as to give our patrons the best value in our power for their money. We want to relieve their sufferings, cure their diseases, restore their health and prolong their lives; and we are thankful for all the help we can get, to enable us to do these things in the best possible manner.

This is our platform for 1897. We've no time to squabble about schools and creeds; no surplus vitality to expend in wrangling over codes. We have our limitations, we freely confess. We are apt to yawn over long-winded articles, and when we reach the end, and ask ourselves whether there has been anything there that will assist us to relieve human suffering, to lessen the dead weight of human misery, and the answer is in the negative, we feel that we have wasted our time. And we have no time to waste.

This is a busy world; and one who intends to do his part in it must think quick and act promptly; must confine himself strictly to his own business and leave others to attend to theirs. The universe can wag along without our help; the past is dead, the future unborn. There is for each of us but one day, to-day; but one duty, the present one, that concerns us. And thus we open the new year, eager to learn and to put in practice, earnestly trying to enlarge our field of usefulness, and to bring into our circle every man who feels as we do.

THE "LUNGS" NUMBER.

Our February number will be principally devoted to diseases of the respiratory tract. Special articles on these topics are being prepared by our regular contributors, and we want every reader, who has something new and good, to write it up for this issue. We expect to print 16 extra pages, and the largely increased cost will prevent our sending free samples. Let us have your order for subscription now.

LET PEACE AND OPTIMISM PREVAIL.

Whenever I disagree with a good man, I feel that I must be in the wrong, and so turn back to see where I have made a mistake. Generally, we find that the difference is not very large, after all. So with Dr. Epstein. Our difference seems to be simply that he has more confidence in humanity than I have. Well, every one must believe what he finds true; but when there is room for a choice, let us make it a rule to look on the best side of our fellow men, and believe the best of them we can. It is a happier belief than the pessimist's, and has a better effect on one's own mental condition. Optimism makes one happier; and he who believes in the honor and truth of his neighbor becomes himself the better for his belief.

DR. WAUGH'S BOOK.

Note the announcement of Dr. Waugh's new book in the advertising pages. While in no sense given to dosimetry, it has full directions for the use of the alkaloids in each disease, and of all other methods of treatment as well. The work is now in press. It will be printed on good paper, with new type, especially bought for it, and handsomely bound in half morocco.

Look out for the special number, in February, devoted to the treatment of respiratory diseases. No free samples. Price, 20 cents. No extra charge to yearly subscribers.

A SAMPLE LETTER.

"Please continue my subscription to the CLINIC. I have been a subscriber one year, and would rather, if it were necessary, let my favorite horse go than see the CLINIC stop coming."

THE OWNERSHIP OF THE PRESCRIPTION.

In an exchange we note that one of the State Supreme Courts has decided that the prescription belongs to the druggist, and that the latter has the right to refill it at his pleasure, he being a merchant who cannot be restricted in his business.

If this decision is good law, it will vastly increase the number of physicians who dispense their own medicines, but the CLINIC must dissent.

True pharmacy is more than a mere business. The modern pharmacist is a scientifically trained and qualified man; and modern pharmacy deserves to be ranked among the learned professions. There are druggists, as there are doctors, who conduct their work strictly as a business, but the most to be said is that the proportion of "business men, strictly," is greater among the druggists.

The medical profession will never admit that the druggist owns the prescription in the sense of having the right to refill it. The prescription is simply a note directing the dispensing of certain drugs, which the physician deems best suited to that particular case, at that particular time. For this advice the patient pays the doctor, and for the drugs he pays the druggist. The latter, with perfect propriety, charges for the drugs in the formula, for his time and professional skill, and a fair amount to cover the expense of his store, deterioration of stock, and profit. But, suppose the prescription has been for gonorrhea. Has he anywhere paid for Dr. Blank's method of treating this disease, that he should go ahead and put up Dr. B.'s prescriptions and sell the preparations for the

exclusive profit of the druggist? If that be good law, then my price for a prescription for gonorrhea is \$1,000, and for the antiseptic treatment of typhoid fever it is \$50,000.

And where did the druggist acquire the knowledge necessary to enable him to judge when a prescription should be refilled?

Little wonder that alkaloidal medication is growing so popular; and that not with the younger men, but with the shrewd, practical men who have grown gray in the profession, and who can justly appreciate the numberless advantages of dosimetry.

OUR FEBRUARY SPECIAL.

Doctor, this is the time you are busy with lung diseases, and you will want our February Special, and want it badly. Sixteen extra pages. Papers prepared especially for it by our regular contributors.

Coughs and colds, bronchitis, phthisis, pneumonia, and croup all help to make things lively for us just now. And so we want, in the February Special, the latest and best methods of treating these ailments. You cannot afford to miss it. No samples sent free. Price, 20 cents each.

THE POSITION OF THE CLINIC ON THE GOLD OR SILVER QUESTION.

Those who voted for gold in the late election should show their confidence in the era of prosperity dawning upon the country, by forwarding their subscriptions promptly, so as to begin with the new volume.

To those who pinned their faith to silver, our best advice is to dismiss for the present all thoughts of politics, and attend strictly to practice. And this they can best do by investing a dollar in a year's subscription for the CLINIC.

Note the date on the wrapper, and see if it is not about time to renew.

WHAT TO WRITE ABOUT AND HOW.

We want seasonable reports of the diseases incident to the present time. If you write about what you are now busiest with, it is pretty certain that your brethren will be interested in the same topic. Write carefully, on one side of the paper (use a pencil if it is handiest), with plenty of room between the lines. Don't use foreign words. English is good enough for plain, every-day people like ourselves. Say what you have to say, and then stop. This is a busy world, and, while it is hungry for knowledge, it has no time to pick out the kernels.

Be precise; vague statements are worthless. Give your treatment fully and carefully. We all want to know just what you gave, how big a dose, and how often. Publish your failures. They are as instructive as successes.

Finally, give a kindly thought to the many busy men who have taken time to enrich the CLINIC with their reports, and do not feel you have done your duty by them, until you have contributed at least once to its pages during this year. This world lives on the principle of fair exchanges.

WHEN YOU WRITE SIGN YOUR NAME.

Several articles have recently come to our desk without the name of the writer. In one or two instances, we have been able to trace the source, but in others we have not, and, while these articles are worthy, we cannot print them without knowing where they come from. It is too late in the day for intelligent people not to know that anonymous contributions invariably reach the waste-basket; so if you have anything to say that is worth saying, sign your name to it.

Dr. Waugh's long-expected book, "The Treatment of the Sick," is in the printer's hands. See ad. pages for special terms to advance subscribers.

"HELP WANTED."

The above has been a frequent CLINIC topic during the year and we have always responded to the best of our ability. Now we want help in extending the knowledge of the value of the CLINIC, and our subscription list.

We know we have given you many times the value of your dollar during '96, and will do more in '97, so we want you to pay your honest debts by responding to our "help wanted." Show this copy of the CLINIC to your friends and get us a few new subscribers, to send with or following your renewal. Give us the names of friends with whom you are not in direct touch and we will send them sample copies. Or, if you feel kindly disposed toward us and your fellows, you may send the CLINIC on a trial trip of three months to twenty of your professional friends for fifty cents. Send their names and the money.

Now measure by "the golden rule."

YELLOW FEVER: DR. CUZNER'S CURE.

Thinking that Dr. Coleman's comments (November CLINIC, page 428) on his cases of black vomit, called in question the statements made, Dr. Cuzner writes that one of the patients named is Dr. Henry Sohl, now residing at the corner of Lee and West Adams Streets, Jacksonville, Fla., and refers to him for verification.

Dr. Cuzner also encloses a letter from Mr. W. T. Hawley, of Jacksonville, who says he remembers distinctly the awful picture presented by Dr. Sohl, lying with his face and nightshirt soiled by the black vomit.

What has been the experience of our readers in regard to this question: Does any case ever recover when black vomit has occurred? If this symptom is due to decomposition, as Coleman suggests, recovery would be almost miraculous; but Freire attributed the discharge to a micro-organism. Let us hear from our Southern friends.

THE CLINIC FOR '96 AND '97.

We knew the CLINIC was doing a great work in 1896, but just look at our yearly index! What do you think of that! Where else could you have gotten such a dollar's worth? Where will you find as many new ideas suggested, as much helpfulness, as much solid nutriment given as in the CLINIC for 1896? Nevertheless, we are going to beat it in 1897.

THE SEPTEMBER CLINIC.

Our files are very short of this number. If any of our readers happen to have one to spare, we shall be pleased to have it mailed to us.

A MONUMENT FOR PASTEUR.

A committee, headed by Dr. Salmon, Chief of the Bureau of Animal Industry, has been formed to collect funds for a monument to Pasteur. If any of our readers desire to aid this laudable project, we will be pleased to receive and forward their contributions.

A PROPER QUESTION ABOUT NUCLEIN.

A reader asks, as nuclein is a liquid, how long it will take it to evaporate from the granules, or tablets. Nuclein is not a liquid, but is a substance held in solution, and when this solution is evaporated, the nuclein yet remains. In the manufacture of granules and tablets, nuclein solution is mixed with a proper amount of vehicle, the moisture being allowed to evaporate at a low temperature, the resultant being then made into granules, or tablets, as the case may be. Hence, if properly prepared, nuclein granules and tablets are perfectly stable, and represent a definite amount of nuclein solution.

SEXUAL PHYSIOLOGY.

A very apt conclusion to the discussion on sexual physiology is furnished in a let-

ter to Dr. Abbott, which is here appended:

"*Editor Alkaloidal Clinic*:—Dr. Pratt's articles in the CLINIC brought forth this exclamation when read to a lady friend: 'Why, that doctor's wife must have become depolarized!'"

"The doctor in his articles totally ignores a spiritual existence, and all of his arguments are from a material point of view, which, I think, is placing the cart before the horse.

"If we allow our bodies to control our spiritual we will grovel in the mud-puddles of filth and licentiousness. I have no sympathy with one who ignores the God in humanity. I have no wish to believe in total depravity, and yet some of the comments on Dr. Pratt's articles would suggest it. Environment has a great deal more to do with humanity than so-called inherited tendencies. This idea of blaming our forbears for all of our sins of omission and commission is to me ridiculous. Our bodies are but the shell, and if we allow the shell to enter the rapids, and do not work our oars, 'we will go over the falls.'"

"Of course, physicians are more or less given to reasoning from a materialistic point of view, and I was so years ago, before my eyes were opened to the fact that we were but tenants in a furnished flat, and, if we fail to pay, we must suffer. And we have no right to allow the house to rule its inmates; rather let the inmates rule the house. I am quite sure, and think I can prove 'that man has a living soul that is imperishable,' and I am not a so-called spiritualist either, nor am I a religionist or church member.

"Ignore the fact that man has a soul: then Dr. Pratt's theories look reasonable.

"This life is but the school house educating us for another, and if we can overcome the flesh and devil it will advance us wonderfully on the road to eternal bliss.

"Let every man control his body. It is not all of life to live.

"The sexual relation is but incidental.

"As the worthy Editor of the CLINIC observes, 'as a man thinketh so is he.' Then let him think grand ideas, grand thoughts, and become a wholesome being.

"I am very much pleased with the CLINIC, and my experience with the granules has been satisfactory.

"HORATIO S. BREWER, M. D.

"Late Surgeon General, Chinese Navy."

LEADING ARTICLES

We solicit papers for this department from all our readers. They should be on Topics kindred to the scope of THE CLINIC, and not too long.

Contributors to this department are requested to furnish us with a recent photograph.

MALARIAL FEVER: CONGESTIVE FEVER.

By W. L. Coleman, M. D.

(SECOND PAPER.)

AS I said in my first paper, death would seldom occur from malarial fever if the two congestive varieties were properly treated or prevented; and as their nature and danger seem to be so little understood or recognized, especially by the younger members of the profession, I think it will be more profitable to spend time in the discussion of these varieties than of the



W. L. COLEMAN.

question: "what is the meaning and cause of that mythical thing called malaria?"

Directly opposite conditions prevail in these two varieties of malarial fever. In the one called "congestive fever," and which is the more frequent, the congestion is active and arterial; while in the other, known as "congestive chills," it is passive and venous, its first stage resembling the collapsed stage of Asiatic cholera so completely that a differential diagnosis by the most adept expert would be difficult.

In the early years of my practice, I lost so many little ones, by the sudden and unexpected supervention of the state of congestion, in cases of apparently mild intermittents, that I became discouraged; and finally made it a rule, when a mother said to me that her child had had a slight chill and fever, to say: "Madam, your little one is in danger unless you take prompt steps to prevent other paroxysms, which are almost as sure to occur as the sun is to rise." So harmless were these first mild

chills and fevers considered, that a physician was seldom called till the third or congestive paroxysm commenced; or if called, and not practically familiar with the disease, he would likely say, as I did at first: "Oh, there is no danger, it is only a mild ephemeral fever which will subside in a few hours and needs but little medication."

It is only by repeated bedside observations that the physician can learn to differentiate these from ordinary intermittents, and even then he must exercise eternal vigilance, or a case may suddenly occur in his practice during the prevalence of other types of this fever.

Perhaps I can make this point clearer by detailing some cases coming under my observation and treatment this fall. I was called to see my little grandson, whom our Editor calls "The Alkaloidal Baby," on Sept. 17th, in his first spell of real sickness, he then being 26 months old. And if his mother had not been so thoroughly indoctrinated in alkaloidal therapeutics, as well as a subscriber and interested reader of the CLINIC I would have been too late to save him. She had done the work, though a little timidly, yet had given enough to save her little boy from dying of a congestive fever. As it was, the third paroxysm resulted in a very high fever, and the little fellow lay in a quiet state bordering on coma, and its effects upon his nervous system were plainly visible for weeks afterwards. His was of the tertian variety, and the first and second paroxysms were so mild that but little attention would have been paid to them by most persons, for he was up and at play all the time except a few hours on the paroxysmal days; but his whitish operations, chylous urine, loss of appetite and languid appearance, alarmed his watchful mother, who went to work to remedy these morbid conditions which would have led, as they came near doing, to that fatal condition of active congestion in the third paroxysm.

In contrast with this were two cases oc-

curing at the same time in little ones aged two and four years, in a family in the same town, who died within ten days of each other, and that too in six or eight hours after it was realized that either was seriously ill. From the description given me of the cases, they were precisely similar to that of my little Ralph; they had had two paroxysms so mild as to keep them in bed or from their play but a few hours; and so devoid of danger were these paroxysms thought to be, that the last case, the little four-year-old, was up, even on the street and at play, till 5 p. m. of that fated 17th of September, when he went to bed with a fever and was soon delirious. Physicians were called, but in spite of all that medical skill could do, he died at 1 o'clock a. m., eight hours after the fever began.

Fortunately these rapid cases, together with those of the second variety, "congestive chills," are of rare occurrence compared to their frequency thirty-five or forty years ago; and this is doubtless due to a better understanding of the nature of the disease, the abandonment of the old destructive methods of treatment, and the adoption of preventive measures and a more rational system of therapeutics.

But I am so far behind time in writing this paper that I must perforce defer the further consideration of the subject to the future.

Houston, Tex.

HYGIENE IN THERAPEUTICS.

(FIFTH PAPER.)

By W. C. Derby, M. D.

IN my last paper on this subject I endeavored to call attention to the importance of parentage being well endowed physically and mentally, and of those who marry being of mature age. The discussion of this latter phase of my subject leads to another much in the same line, *viz.*: The importance of careful and well

appointed marriages to the end of preventing crime and imbecility.

I spoke in that article of the probable residence of mind forces being in the cerebral cortex. If that be so, then on the structure of this grey matter depends mind quality. If natural traits of character depend on nerve structure, either cortical, more deeply seated, or disseminated, it is certain that by means of a subtle force residing in some portion of the nerve structure, mind exists. Therefore, on the quality of certain physical nerve structures depends human mental characteristics; and, if those who marry are possessed with evenly balanced minds and with tendencies towards morality, rather than criminality, then may we not on this theory of mind residence, and a certainty of "like producing like" in transmission, count on the progeny of those thus endowed being possessed of superior mental characteristics to those born of parents with questionable moral tendencies.

I believe everyone who has given thought to this subject must admit this latter proposition to be a well-grounded certainty. As the offspring of those physically well developed are physically superior to those born of parents of a low order of physical development, so it is comparatively with those inheriting low or high moral tendencies. In other words: "blood will tell," even in the physical, mental and moral sphere. Inherited moral qualities must of necessity, render it easy to be moral, upright and without sordid selfishness; or, *vice versa*, difficult to be otherwise than immoral, sordid and inconsiderate of the welfare of others. The former class scarcely need the restraining influence of law. The latter class frequently become criminals in spite of law.

I do not presume in an article like this to point out or suggest methods for the prevention of crime by means of careful and appropriate marriages. Neither do I feel competent to propose a remedy

through moral suasion, or law enactment, that shall, in a true sense, regulate marriage. However, I believe that the condition of the world can be bettered by preventing natural outlaws from begetting offspring, and also imbecility lessened by preventing the marriage of near relatives, or of those of like physical make-up.

I am fully persuaded that much thought and discussion should be given to this subject, to the end that a plan might be formulated to improve and regulate the marriage license system in such way as to prevent haphazard marriages. While I have abundant faith in spiritual means for making men better, I also believe that God's law of cause and effect is still operative in the world, and its obedience as imperative as ever in relation to its bearing on the physical and mental condition of mankind. Therefore, I hold it a duty to leave nothing undone to assist natural law to render it easy for men to be good, or to accept spiritual truth.

Oliver Wendell Holmes, when asked to give his opinion as to the proper age to commence training a child, characteristically replied: "One hundred years before that child is born." By common consent, was not Dr. Holmes right?

My next paper will be a brief consideration of the propriety of encouraging numerous offspring in one family and the bearing hygiene has on the subject.

White Cloud, Mich.

—:O:—

Dr. Derby's paper fairly bristles with points that deserve to be considered and discussed by doctors, who, of all men, have the best right to have opinions on such subjects, as they are in the best position to obtain evidence. And here is just where the great value of a journal like the CLINIC is shown. For, each one of us sees but a small part of the great truths of Nature; but when the eyes of thirty thousand keen, intelligent doctors are directed upon any object, there is not much that

escapes them. To bring together and sum up the views of all, is the CLINIC's mission.

In regard to relatives marrying: Darwin searched, with his own wonderful perspicuity, for evidence as to the evil results of such marriages, but failed to find it. And as he married his cousin, we may believe he was deeply interested.—ED.

OPHTHALMIA NEONATORUM.

By J. P. Thorne, M. D.

Attending Physician for Eye, Ear, Nose and Throat Diseases, Palmer Memorial Hospital.

THE fact that this disease is met by every practitioner, both general and special, makes it worthy the careful consideration of all. The terrible results which often follow it should cause us to work for the success which follows early and proper treatment. While what this article offers is not specially new, yet a repetition of old truths is worth condering if it saves some individual from a life of blindness.



J. P. THORNE,

Ophthalmia neonatorum is a purulent conjunctivitis of new-born infants, the result of infection of the eyes before, during, or soon after birth. A frequent source of infection is gonorrhea. But there are cases and virulent ones too, where gonorrhea is not responsible, but from a lack of cleanliness pus has entered the eyes and infection occurred. Such cases are often as purulent and destructive as those of gonorrheal origin, with gonococci present in the secretions. The gonorrheal origin has been dwelt on so much that we are apt to overlook the other sources of infection and also to neglect to guard these avenues of danger.

In this article I shall consider, under ophthalmia neonatorum, all severe puru-

lent inflammations of the eyes of the new-born.

The importance of the subject can be realized when we consider that examinations as to the causes of blindness, in various communities and institutions for the blind, show that 10 to 20 per cent. of all cases of blindness are due to ophthalmia neonatorum. The percentage is constantly decreasing, on account of the improved methods of prophylaxis and treatment; the per cent. should continue to decrease to nothing.

If infection occurred before or during labor, the disease begins three to five days after birth. If it begins over five days after, then the infection was subsequent to labor.

At first there is a slight swelling and serous discharge; then follow the intense swelling and copious purulent discharge. Corneal complications frequently ensue, such as infiltration and ulceration; the corneal ulcers frequently perforate.

Prophylaxis is of the greatest importance. The vagina during pregnancy should be kept clean with antiseptic douches. At the commencement of labor the vaginal tract should be thoroughly cleansed and put in an aseptic condition. An old writer on the subject says that this disease can be prevented and cured by cleanliness; his only treatment being clean water applied to the mother and child. There is a great deal of truth in this, but in the present age we also want antiseptics.

Crede's method of applying a 2 per cent. solution of silver nitrate to the eyes of every new-born child, has saved many and has much to commend it, but I have reason to believe the following method is preferable, and if carefully observed, as efficient. The vaginal canal is to be kept strictly aseptic, and after delivery the eyes of every child carefully but thoroughly washed with a saturated solution of chemically pure boric acid. A common commercial boric acid does not give the results obtained from the C. P. acid.

The reason some physicians do not get the best results with this acid, and from other preparations also, is that they are not careful to get a good article. If the above precautions were observed in every labor case, we should have no ophthalmia neonatorum.

Legislation is an important consideration in the prevention of the disease. Many states now have laws requiring attendants to promptly report any eye trouble in new-born children, so that an intelligent physician can investigate and attend to the case. All states should have such laws, and they should be rigorously enforced. The members of the medical profession can do a world of good by giving their hearty support to the enactment and enforcement of these laws. If the proper prophylactic measures were thoroughly observed, the state would be relieved of a great burden in educating and assisting blind persons, who instead might be among the useful members of society.

After the disease has developed, active medicinal treatment is the important thing. A great many remedies have been used with more or less success; such as: Silver nitrate, formalin, boric acid, potassium permanganate, iodoform, hydrogen peroxide, copper sulphate, alcohol, zinc sulphate, mercury bichloride, carbolic acid and resorcin. Of all the remedies used, silver nitrate stands at the head, and is most successfully used by the majority of practitioners.

In my own practice I rely on silver nitrate, formalin and boric acid. I apply once in 24 hours a silver nitrate solution of 2 to 10 per cent. strength, according to the severity of the case; then wash out with a sodium chloride solution. I then have the attendant wash the eyes three or four times daily with a solution of formalin, 1 to 3000, and every half hour or hour wash out the secretions with a saturated solution of C. P. boric acid. The treatment should be conducted thoroughly but carefully. One

point not to be overlooked is to have the infant's bowels open and regular. In the hands of an educated physician both the prophylactic and medicinal treatment are successful.

Janesville, Wis.

13 West Milwaukee St.

—:O:—

Dr. Thorne has handled his important subject well. It is one that no one can afford to neglect, for both the prophylaxis and the treatment are efficient, if intelligently carried out. I am under the impression that calcium sulphide gave material aid in a recent case. I gave gr. 1-12 daily to the child, and hyoscyamine to the mother on account of irritability of the bladder.—ED.

INFANT FEEDING.

By A. T. Cuzner, M. D.

(FIRST PAPER.)

OF the many subjects considered by medical writers, none is so difficult of treatment as that of infant feeding.



A. T. CUZNER. as an instructor of infant dietary would be a light one.

But we are not in a state of nature!

The highly civilized condition of society of the present day has a tendency to produce in our females a delicacy of constitution and a resulting lack of stamina in their offspring.

To the resulting effect of these two causes is due, no doubt, the great mortality during the first years of infant life. Dr. A. Jacobi states thus:

"Of all the fatal affections that occur in the first year of life, forty per cent. are disease of the digestive organs."

Again—"Almost one-half of the infants who die before the end of the first year do so before they are one month old."

He further states—"That diminution of early mortality depends upon avoiding diseases of the digestive organs, by insisting on normal alimentation."

That—"The hygienic rules for infants concern the digestive organs mainly—so much so that infant hygiene, and the hygiene of the digestive organs in infants, appear to be nearly identical."

During intrauterine life the digestive organs of the child are quiescent. At birth it undergoes a violent change of environment and condition. Before birth the respiratory organs are also quiescent. The oxygen required by its own blood is obtained from the blood of its parent.

After birth these conditions are changed. The new-born infant breathes, feeds, excretes, and eliminates the worn out and effete material of its body.

When we witness the most apparent of the results of this sudden change, viz. the reddening of the skin, can we wonder and expect, but that the remaining tissues and organs, will likewise be in a condition of extra exaltation bordering on inflammatory action.

Granted this exalted condition to exist (which is salutary and necessary to a proper performance of the new functions the infant is called upon to perform); then follows it not as a consequence, that if it is subjected to any abnormal conditions as to a food supply, such conditions will more than likely result in disease, and perhaps end its frail tenure of life?

It will be as well at this time to consider briefly some of the abnormal conditions of the natural food supply that are likely to act injuriously.

Many infants suffer from irregularity in the intervals of food supply. These in-

tervals should be about two hours apart.

Dr. Jacobi states that—"Women suffering from constitutional syphilis, chronic consumption, anemia, extensive rachitis, or severe nervous derangement of hysterical or other origin, will serve their infants best by not nursing at all." Dr. Jacobi quotes:—"Firmen (Bull. Therap., 1886; Schmidt's Jahrbucher, 1875) reports the case of a child six months of age, attacked with urticaria, fainting, vomiting, and offensive diarrhea, produced by milk after the mother had partaken of oysters, crabs, cod-fish and shad."

The following article was taken from a late issue of the *Public Health Journal*.

"INFANTILE INDIGESTION."

"The dangers attending the artificial rearing of infants are well recognized, and a very large literature has grown up on the subject. It is curious, however, says the editor of the Hospital, to notice how little attention has been paid to the indigestion which so often occurs in breast-fed infants, and is, in fact, in a large number of cases, the reason which leads mothers to give up suckling and revert to bottle feeding, on the plea that her milk "disagrees." Probably a tenth part of the trouble involved in looking after bottles and sterilizing and otherwise preparing milk, if expended in rectifying the ailments which cause a mother's milk to disagree, would enable her to perform her natural functions, and to become a mother in a much wider sense than when she limits her function, as is so frequently the case, to the mere bearing of children. In a paper lately read before the Edinburgh Obstetrical Society by Dr. James Carmichael, he points out that the indigestion of mother's milk is more frequently intestinal than gastric, diarrhea being more common than vomiting, this being largely due to indigestion of the fatty and proteid elements of the milk. On inquiry as to the causes of this, we find, first, that it may arise from unsanitary conditions, which may affect both the mother and the child, such

as low-lying, damp dwelling houses, effluvia from drains, or malarial poison. Very often, however, the defect is purely maternal. Debility is a frequent cause. Too frequent pregnancies, for example, may render a mother quite unable to produce healthy and nourishing milk for her later children, although she may have suckled her first child perfectly well. Inefficient food among poor women, and over-wrought nervous system among the over-educated, may produce the same inability. Then ill health of any kind in the mother is apt to prove a hindrance to suckling, and if this ill health be of a nature that can be removed the function may be restored. Irregular suckling is, however, one of the commonest causes of indigestion in babies. This often arises from over anxiety about the child, and from the habit of giving it the breast whenever it cries. Children, like grown up people, always thrive best when fed with strict regularity."

To quote again from Dr. Jacobi—"The passage of coloring matter into the tissues within a short space of time is a well-known possibility, and according to Mosler, Schauenstein and Spaeth, milk will become yellow through the influence of marsh turnips, *caltha palustris*, saffron and rhubarb; red after the ingestion of garlic, *opuntia* and *rubra tinctorum*; blue from ingestion of *myosotis palustris*, *polyganum*, *mercurials*, *anchusa*, and *equisetum*. Next to coloring matters, the etheral oils combine with milk before it leaves the gland."

We also find various drugs and medicines affect the mother's milk, and through it the nursing child. Sudden fright and great anger have been known to so affect the mother's milk as to cause the child partaking of it to be seized with convulsions.

The following from the editorial pen of the *Medical Council* for November, 1896, will not be amiss in this place:—"Even human milk will not agree equally well

with all of many children if it is from the same woman at the same period.

In other words, it is wrong to assume that even the breast milk of some particular woman would agree with all children.

We know that wet-nurses are unsatisfactory for some children, though wholly satisfactory for others.

But we do also know that it is very exceptional for a healthy mother's milk to disagree with her own child, though it may with other children.

Now, why is this?

The infant is the offshoot of the mother. It is the mother re-incarnated.

Her idiosyncrasies, however intangible they may be, also belong to her child, and this sympathy of organism is by no means lessened during the nursing period.

The physical correspondence between mother and child is the most probable explanation why a child thrives best on its own mother's milk, less so on other mother's milk, least so on artificial foods."

Having considered the possibilities of the mother's milk affecting her infant injuriously, we will now consider those materials used as food for the infant other than human milk.

Before entering upon this phase of our subject we would protest against a common practice of nurses, of administering to the new-born infant cane sugar and water, from a mistaken idea of service to both mother and child. Of service to the infant by supplying it with nutriment; and to the mother by saving her from after-pains.

It is a known fact, *that the infant's power of digesting cane-sugar is but slight at birth*, and there is great danger of an acid fermentation being set up, accompanied by penicillium glaucum, giving rise to catarrh of the stomach and intestines. If there has been a proper contraction of the uterus at, and immediately after, the birth of the child, there will not be much trouble from after pains.

The infant as soon after birth as is practicable, should be put to its mother's breast.

The secretion there formed at first, is not normal milk and yields a material (colostrum) that appears necessary to the child, for without its use a cathartic is often called for.

ARTIFICIAL FEEDING.

Infants who from any cause have never had any breast-milk, or have been deprived of it, or have been unable to secure a sufficient supply, require artificial feeding. The food that more nearly resembles mother's milk in its composition, is asses' or mares' milk.

Below we give the composition of human, cows' asses' and mares' milk. From this table it will be perceived how similar in composition to human, are both asses' and mares' milk.

This similarity of asses' milk to that of the human species, has from remote times recommended it to invalids, as a light and easily digested food.

ANALYSIS OF MILK.

By Henry & Chandler.

	WOMAN.	COW.	ASS.	MARE.
Water.....	87.98	87.02	91.65	90.71
Casein	1.52	4.43	1.32	1.24
Butter	3.55	3.13	0.11	1.17
Milk Sugar...	6.50	4.77	6.03	5.70
Saline.....	0.45	0.60	0.34	0.37

Dr. Jacobi states:—"Mare's milk is very much like asses' milk; its reaction is alkaline and remains so for days.

When it acidulates, the casein is thrown out in small delicate flakes, soluble in acids.

The casein thrown out by alcohol is finely flocculent, like woman's casein; even when dried and deprived of fat, the flakes remain yellowish and loose. (Cow's casein becomes hard).

Mare's casein is less soluble in water than woman's, but more so than that of the

cow. In artificial gastric juice, mare's and woman's casein behave equally.

Thus in cases of necessity, or opportunity, mare's and ass's milk would be proper substitutes for that of woman." (Italics mine.)

The food practically most available as a substitute for woman's milk, is cow's milk.

COW'S MILK.

There are however many drawbacks to its successful use.

It is not uniform and unchangeable.

Its constituents vary, and its composition is altered.

It has too large a proportion of casein, having a per cent. of 4.48 while human milk has but 1.52 per cent.

In addition the casein of the cow is not near so digestible as that of the woman. It is also liable to some of the same deleterious changes we stated regarding human milk as being subject to. "The nursing takes the whole contents of its mother's breast; from the udder of the cow it gets but a small portion, which varies at different times and for different reasons. The first period yields milk containing less fat than that which is obtained towards the end of the milking; besides, milk taken from the pail contains more fat in its upper part than in the lower.

Pasture, or dry-feeding of the same cow induce differences in her milk; thus dairies established to supply infants and children with cow's milk, in Frankfort and other places, require uniform stable-feeding throughout the whole year.

Diseases of the cow influence the milk considerably; tuberculosis is frequent.

Thus a baby fed on the milk of one cow is, as it were, an appendage of, and dependent upon that animal; consequently *the milk of one cow is inferior to that of a whole dairy*, (italics mine) for by the latter we dilute diminish dangers which attend changes through feeding and sickness. (Jacobi.)

It is the opinion of experts, that animals may consume many substances which are harmless to them individually, but danger-

ous to those who afterwards partake of their flesh or milk.

Notwithstanding the dangers that exist in the practice of feeding young infants with cow's milk; still it is our opinion that it is the best available substitute we have for mother's milk.

(Concluded next month.)

HYPNOTISM.

By Sidney Flower.

Editor of the Hypnotic Magazine.

A SHORT time ago some very sharp comment was made in more than one medical journal, upon the fact that it seemed to be only necessary to stamp some preposterous detail of medical treatment, with a German name, to insure its popularity with the American profession. And the position of authority which Germany, rightly or wrongly, holds in medicine, is accorded with even less hesitation to France, if the matter in question be related to subjective science, or hypnotism.



SIDNEY FLOWER.

It is very true, that in their patient and life-long study of the phenomena of hypnotism the investigators of France and Germany have easily distanced both England and America, but there is in this no special reason why we should accept as gospel truth all the absurd stories which reach us of things done over the water.

Quite lately I came across an example of this disposition to credulity in a friend, who gravely assured me that there was in France a society against the use of tobacco, the president of which was able, by hypnotic suggestion, to instantly break up the craving or desire to use tobacco in any one, young or old, man or woman—any one at all. To support his statement he showed me a newspaper clipping, from some New

York daily, setting forth the interesting fact, that a Mr. Charles Barthe, forty-one years of age, who had smoked since he was thirteen, had been cured of the habit by M. Decroix, the president of the Anti-Tobacco Society, in one treatment. Unfortunately the impression left upon my friend, and upon all those, no doubt, who read the article but were unfamiliar with the work, was that if it were true that this man was cured in a single treatment, then hypnotic suggestion could cure anybody else in a single treatment. We find all through this work that our worst enemies are our friends; those excellent but overzealous people, who declare on a very slight acquaintance with their subject, that by hypnotism ye may move mountains.

We are all prone to take the short cuts in life; to avoid the weary plodding, step by step; and we pay for this tendency by being rash in our judgment, and afterwards repentant. Because hypnotism, having been overestimated in the first place, did not cure a certain person of a habit (smoking or drinking), there are many who say: "It is a fraud." Because hypnotism cured one man instantly of such a disease as muscular rheumatism, or of such a habit as biting the nails, there are others who say: "It is a marvel, it is all-potent." Yet both statements are wrong, and both are calculated to work injury to the science.

There are as many idiosyncrasies of character to the sleeping man as to the waking man; or to put it in a slightly different form, the characters of the persons hypnotized are not reduced by the mere induction of hypnosis to one grand level of obedient similitude. Two somnambulists, for instance, are as unlike mentally as they were in their normal condition. A suggestion given to one that a glass of beer is a glass of water, might be accepted, and the glass of beer would be drunk as water; but the same suggestion given to the other would be refused point blank, if this somnambulist had any objection in his

waking state to the drinking of intoxicants.

But the general impression is that because a man can be hypnotized, therefore, he can be made to do or see foolish things, or can be cured of his ailments. When, therefore, the public hear that a certain man was cured in a single sitting, they praise the hypnotist; when they hear that some other was not cured, or relapsed, or was quite unaffected by the treatment, they blame the hypnotist. They should really praise or blame the patient, since his disposition determines the effect of the treatment beforehand. The credulous, imaginative person appears to be a good subject for the hypnotist, and in a sense, he is; but as a patient, he is very far from satisfactory, since the very sensitiveness which sharpens his imagination, leaves him open to the full effect of the adverse suggestions of his friends and acquaintances after the treatment is over, and prepares the way for a return to the old habit, or the old disease.

Just as you cannot hypnotize one against his will, so you cannot cure a man against his will; and if he is inclined to be of a vacillating nature, you will not, in one treatment, turn him into a firm and steadfast character. Nor will it be possible, unless there is already a strong desire on his part to be free from the bonds of a habit, to break up that habit in a single treatment. But if he has the desire to be free, and is only doubtful whether he can or cannot, of his own strength, accomplish this end, then hypnotic suggestion will give him just the assistance he is in need of. For, however we may juggle with the words, and prate of self-reliance and indomitable will, the fact remains that man is a dependent creature, and no man is so strong that he can live his life alone.

Hypnotic suggestion is an assistance, a valuable mental tonic, which, when rightly administered, braces the mind, and refreshes the body. But it is not all-potent, any more than a sermon from a pulpit, which moves us strangely under certain

conditions, and which at odd times recurs to the memory, is all-potent, or permanent in its effects. Hypnotic suggestion is a sermon hypodermically injected. You lose none of it at the time, but like other injections, the effects wear off eventually.

—O:—

We are pleased to introduce to our readers the important subject of Hypnotism, as so able presented by the editor of the Hypnotic Magazine. So great a part is played in therapeutics, by suggestion, that it cannot be ignored by anyone who desires to estimate judiciously the action of his remedies. Faith in the doctor helps us all out of a good many tight places; and in this we have all been unconscious hypnotists. To define and explain the methods and limitations of the suggestive therapy is the purpose of Mr. Flower; and to disabuse the public mind of the false ideas concerning it so diligently inculcated by the space fillers of the sensational press. —ED.

THE RECOGNITION AND TREATMENT OF ABSCESS OF THE ANTRUM.

By E. R. Taylor, M. D., D. S.

REALIZING the benefit I have received from the experiences of others, through the columns of the Clinic, I feel that the history of a case I lately had the pleasure of dismissing as cured, should be of interest and help to Clinic readers, as many of their valued communications have been to me. The case in question was one of supuration of the antrum.

A lady presented herself to me, complaining of a dull pain on the left side of the face, in the region of the antrum, and an offensive discharge from the nose; also a slight soreness of the teeth on the affected side, and giving this history; She had first suffered with what she supposed to be toothache, a year or more previously, and consulted the dentist, who proceeded to fill all the decayed teeth which could be

saved, and extracted those which could not.

This had the effect of relieving the more prominent symptoms for a short time, which to my mind proved the teeth to be the primary cause, as you will find in nearly every case; although extension of inflammation from the nasal cavities may sometimes be the route the trouble comes. But the inflammatory process had undoubtedly become too far advanced to subside with the removal of the cause, so in a short time her condition was as bad as ever.

She then consulted her regular physician, who diagnosed the case as facial neuralgia; and accordingly prescribed something to relieve the pain, which of course gave her relief only when under the influence of the drug. The same line of treatment was also given by one other.

During this time the inflammation had become chronic, the pain becoming duller and more constant, with an offensive discharge from the nares. Her general health had also suffered to a considerable extent. Such was her condition when coming under my care.

The diagnosis, which I wish to make most plain, is frequently somewhat obscure, and a conclusion can rarely be arrived at from one examination. I take first into consideration the teeth on the affected side. If I find all of them give slight pain on pressure, the sound as well as decayed, I suspect antral trouble. If only one or two are tender on pressure, you probably have an alveolar abscess or periostitis.

The nasal cavities should next be examined. The presence of a creamy pus with an unpleasant odor in one of the cavities, while the other is clear, points to a suppurative condition of one of the four sinuses communicating with the nasal cavity, either the frontal, ethmoidal, sphenoidal or maxillary; or to the presence of a polypus or foreign body in the nasal cavity, which will produce a similar discharge.

The method I employ in examining the nasal cavity in this case, is to first cleanse it with douches or sprays, then use an astringent, such as cocaine, which will make the presence of polypi or foreign bodies easily ascertained. Our next step is to decide from which sinus the pus is discharging; the presence of a small drop of pus in the middle meatus just external to the lower border of the middle turbinated, will nearly determine it to be of antral origin. If further back, and to be seen from the posterior nares, trouble in the sphenoidal sinus should be suspected; while if it is near the infundibulum it is probably from the frontal or ethmoidal sinus. Our diagnosis should be made immediately after the use of the astringent, for if a large amount of pus is discharging it would soon flow in various directions, and its location be of little diagnostic value.

The electric light has been used as a means of diagnosing this condition, but as very few physicians have the necessary appliances, a description of its use would be of little value in this paper. An exploratory puncture may also be made through the canine fossa or the inferior meatus, but I have never found it necessary.

With the treatment I will be brief, first taking up the local, which consists in making a free opening into the cavity. This may be made through the canine fossa or better through the alveolus, after removing a tooth, preferably the second molar. This orifice should be kept open by inserting a silver tube, which may be held in place by wiring to adjacent teeth, and should be plugged to prevent the entrance of food.

The cavity should be washed out daily with peroxide of hydrogen, followed by a solution of boric acid, and this should be kept up until the solution forced in through the tube, comes out of the nose clear.

Constitutional treatment is suggested by the general condition of the patient; usually tonics, as the arseniate of iron or of strychnine. The bowels should be kept freely

opened with seidlitz salt, and I administer calcium sulphide to stop the formation of pus.

In conclusion, I will say that alkaloidal medication is, to my mind, just the thing, but as my practice requires local measures principally, I do not have the privilege of using it as I would like. Still I do not lose an opportunity when it presents itself, of availing myself of the "arms of precision."

Elkader, Iowa.

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In your next case, doctor, or in any similar condition, in addition to the treatment outlined use nuclein.—[E.D.]

MEDICINAL TREATMENT OF APPENDICITIS.

By Zophar Case, M. D.

DOCTOR Abbott's article, September CLINIC page 311, detailing the uses of hyoscyamine amorphous and strychnine arseniate in sea sickness, induces me to report the use I have made of these remedies in appendicitis, having been led to use them in this fashionable, and very formidable disease, from having read a previous article by the same author relative to their good effect in intestinal colic. I have used the remedies in six cases of this disease, all of which recovered, and so quickly, as to be a matter of surprise to me, and to lead me to think that perhaps these remedies may be specific in all cases, when treatment is begun with them before suppuration has taken place. Lest any should say that I have made wrong diagnoses, I will detail the cases as briefly as possible.



ZOPHAR CASE.

Case 1, male, colored, aged 35 years, occupation laborer. At my first visit I found him suffering severe pain in the right groin,

with tenderness on pressure over McBurney's point, and circumscribed induration at that point, the abdominal muscles on the right side tense, and the right thigh flexed; pulse 108, temperature 100, bowels constipated, with a history of having eaten freely of grapes the day before and swallowing the pits. Treatment, half a grain of morphine sulphate hypodermically, with hot hop poultices over the seat of pain.

I called again in six hours to relieve him of intense pain, which I did by giving another hypodermic of morphine. Next day the pain was unabated, and the tenderness extended over a larger area, with the pulse 120, and temperature 102. This state of affairs continued with steadily increasing pulse and temperature, until the fourth day, when there was diffuse peritonitis, with pulse 130 and temperature 103.

As a last resort before resorting to surgical means, I gave him hyoscyamine amor., gr. 1-134, every 15 minutes until five doses were given, then five doses at half hour-intervals, then every two to six hours, until he was free from pain and tenderness, which occurred on the fourth day from the commencement of what I shall for convenience sake term specific treatment. In this case I continued the hot hop poultices, and gave on the third day of this treatment injections of hot water every six hours. On account of the morphine previously given the bowels were slow to act, but when they did, large quantities of grape pits were passed.

I dismissed the case on the tenth day from the beginning of his illness, but on account of there being some induration in the right groin, and fearing a recurrence of the disease, I put him on calcium sulphide and kept him on it for two weeks. So far there has been no further trouble.

Case 2, C. R., a white boy aged 9 years, had a well defined tumor in the ileocæcal region with severe pain, both superficial and deep, general peritonitis, vomiting, tongue red and dry, bowels constipated,

pulse 130, temperature 104. Treatment: Hyoscyamine amor., gr. 1-250, ten granules; brucine, gr. 1-134, ten granules, dissolved in 24 teaspoonsfuls of water—a teaspoonful every 15 minutes to 3 and 4 hours.

The symptoms began to abate in 12 hours. On the third day his bowels acted voluntarily and the stools contained undigested apple parings. On the fourth day I dismissed the patient convalescent. No trouble since. The only additional treatment used was hot sitz baths every 3 hours. My reason for substituting brucine for the strychnine arseniate was that I had none of the latter with me.

Case 3, J. T., white male, aged 35 years, occupation insurance agent. I saw him in consultation on the fourth day of his illness. There was no tumor but he had severe pain on deep pressure over McBurney's point; the right abdominal muscles were tense, with exacerbations of severe pain when not under the influence of morphine; very restless, with vomiting and constipation; pulse 98, temperature 100 1-2. I advised hyoscyamine amor., and strychnine arseniate, pushed fearlessly.

Owing to the timidity of the attending physician in the use of remedies, he had to give one hypodermic of morphine after beginning specific treatment, and the patient had some trouble in getting his bowels moved with the injections. When he did, the stools contained a number of raisin seeds, he having eaten freely of them several days before the beginning of his illness. He was at his place of business on the fourth day from the time I was called in consultation. No trouble since.

Case 4, a white boy, aged 11 years. I saw him on the second day of his illness. He had severe pain over the whole abdomen, no tumor, abdominal muscles all tense, knees drawn up, bowels constipated, tongue red and moist, pulse 112, temperature 102; treatment, hot sitz baths every 3 hours and hyoscyamine amorph. with strychnine arseniate pushed freely.

I saw the patient only once, but the father reported the boy free of pain and tenderness on the third day of treatment, and that his bowels had acted freely after the first injection. The stools contained berry seed. No trouble since.

Cases 5 and 6, both were women and very similar history of having eaten freely of raspberries and blackberries; both had all the symptoms of appendicitis with some peritoneal involvement. I gave both the specific treatment, with no other except hot fomentations to the abdomen. Both were convalescent on the fourth day, the bowels having acted freely voluntarily, with the characteristic berry-seed stools.

I am aware that these few cases are not sufficient to justify the claim of specific treatment for these remedies in this disease, yet the results warrant the belief that the remedies will be beneficial in a large number of such cases, if begun early. At any rate the results so far are better than those obtained from morphine, or from any other plan of medicinal treatment in my hands. I shall not theorize as to the rationale of the treatment; the limits of this article will not permit. I will only add further, to those who may be induced to use these remedies in the above named disease, push them till the effects are obtained.

Waynesburg, Mo.

—:O:—

Dr. Case has demonstrated two things in this well written report; he made a judicious selection of remedies, and he had the faith in his selection to push them until the desired effect was obtained. Hyoscyamine and strychnine should not be used with morphine, as they are selected from antagonistic reasons; and the efficient use of hot enemas usually gives more relief than opiates. The addition of small doses of seidlitz salt might prove advantageous. Let us hear something more from the brethren on this subject.—ED.

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ELECTRICITY IN GYNECOLOGY.

Voltage or Electric Motive Force.

By Wm. H. Walling, M. D.

VOLTAGE is the term used to express the pressure that urges on the current. Ordinary cells give, in round numbers, one volt per cell. This one volt will carry one ampere of current through one ohm of resistance in one second of time. Resistance reduces the amperage, but not the voltage. Suppose, for instance, that we have a battery of three hundred cells, or one capable of exerting a pressure of 300 volts. We wish to use a small amount of current. We then throw in resistance by means of resistance coils, say 50,000 ohms. With this great resistance outside of the body we disregard that offered by the body. Then, in accordance with Ohm's law, the current intensity equals the electro-motive force, divided by the external plus the internal resistance. By the latter term is meant that offered by the battery itself. This we may leave out in this example. Our equation may be thus stated: 300 volts divided by 50,000 ohms=.006 ma. (six one-thousandths of an ampere, or six milliamperes).

We do not need so much voltage. Take a battery of eighteen cells, and suppose that we have a resistance of 3,000 ohms in the body. We get 18 volts divided by 3,000 ohms=.006 ma., or exactly the same as with 300 volts and the 50,000 ohms of resistance. We thus see that it is not enormous pressure or voltage that is needed. Only sufficient should be used to carry the amount of current needed. Suppose, for instance, that we wanted to use only three milliamperes on the head and that the resistance was 1,500 ohms. Place five cells in circuit and you get the following: 5 volts divided by 1,500 ohms=.00303, or a very trifle over three milliamperes. This law holds good throughout the whole range of electrical applications. A wise rule to follow is to

use only sufficient voltage to carry the amount or intensity of current needed. More than this is not only useless but harmful as a general thing. The heavy pressure strikes a heavy blow upon the tissues, which under many conditions would be very undesirable.

THE TREATMENT OF UTERINE FIBROIDS.

The instruments necessary for such a treatment are pads of cotton, clay or gelatine and suitable electrodes. Clay is valuable, but it is an inconvenient substance and seemingly rather uncleanly. The same may be said regarding gelatine. Absorbent cotton is preferable to either of the others, unless a current of very high intensity is used. The internal electrode must be either of carbon or platinum. The set of carbons bearing Apostoli's name are the best yet devised for the purpose, with the single exception that they are straight and cannot be bent to conform to the uterine canal. A metal electrode in the shape of a uterine sound, the distal end for about three inches being composed of platinum, is a very serviceable instrument. The stem and as much of the platinum part as may be desired are to be covered with shellac. This covering is far superior to a hard rubber insulation, as it may be renewed as often as required and may be passed through the flame of an alcohol lamp, thoroughly sterilizing it. The tip end may also be covered or not as may be required or deemed best.

The insulation is done as follows: Melt some brown shellac on a card or stiff paper over the flame and work the melted shellac into a stick. Heat the metal electrode, soften the stick of shellac and spread it evenly over the instrument, re-heating and spreading until uniformly covered. These electrodes may be procured from Mr. Otto Flemming, of Philadelphia.

One great advantage of the carbon instruments is that with them the whole surface of the endometrium may be thoroughly cauterized and a hemorrhage controlled as

by no other means. An ordinary uterine sound may be insulated with shellac and used as an electrode, but with the negative pole only. As this pole does not control hemorrhage, such an instrument would be limited in its use, as if used with the positive pole the metal would be rapidly destroyed, or electrolysed and be driven into the tissues. Advantage is taken of this action in the use of zinc electrodes in the treatment of malignant conditions in the pelvic region.

CURRENT INTENSITY.

This is a much disputed point. Some authors recommend the use of from one hundred and fifty to five hundred milliamperes of currents, but my experience has taught me that from fifty to seventy-five, or not to exceed one hundred milliamperes, are sufficient in every case.

With these milder currents there is much less discomfort to the patient, less disintegration of tissue, with consequently less unfavorable reaction. With high intensities there is danger of lighting up inflammations or setting up a peritonitis. I have seen this latter result from the application of too strong a current. In many cases I have not exceeded thirty-five milliamperes of current, with most excellent results. The duration of the sittings and the frequency of the applications must be governed by the current intensity; the stronger the current the shorter the sitting, and the longer the interval between treatments. If fifty milliamperes be used, from two to three minutes will be sufficient time. If one hundred or over, one or two minutes should not be exceeded. With mild currents, say thirty-five to fifty ma., the sittings may be had twice per week; if sixty to seventy-five to one hundred or over, once in a week or ten days will be sufficient. Time must be allowed for the denudation of surface to heal, also for the permanent closure of blood vessels, before another application is made.

1606 Green street, Philadelphia, Pa.

CONVALESCENCE.

By William F. Waugh, M. D.

THE period of convalescence has three principal characteristics: the excretion of the waste matter with which the



WM. F. WAUGH.

blood and tissues are loaded; the sense of physical and mental freshness or rejuvenation with new powers and exaltation, but unsteadiness; and feebleness in all the members, a lack of ability for real work in any direction of mental or physical activity. It is well that this condition should be comprehended, and the patient held in some restraint, or at least an oversight kept up, until the strength has been restored. The appetite is large, the digestive power small, hence the need of pepsin and hydrochloric acid after meals, with diastase before eating, and pancreatic extract with bile an hour after fat has been eaten. The elimination of waste may be encouraged by drinking freely of chalybeate waters, but alkalies and all other depressants must be avoided. The hypophosphite of lime 10 grains, with phosphoric acid, 3 grains, and iron phosphate, 5 grains, taken every day in as many doses as convenient, are useful reconstructive tonics.

The diet must be easily digested but nutritious, embracing especially the fresh vegetable juices, as well as eggs, fish and oysters. Too often, for want of the former, patients emerge from prolonged fevers in a state bordering on scurvy.

Exercise must be very moderate at first, and gradually increased as the strength returns. Plenty of open air, at the seaside or in the mountains, away from the "busy haunts of men," is to be secured for city people; but country folks do better if they pay a visit to city friends.

Great care must be exercised in permitting patients to take up the cares and wor-

ries of responsible life again. There is often a curious sense of buoyancy, an unnatural clearness of perception and even increase of ability in the convalescent state, but the first attempt at solid, continuous work, reveals the underlying weakness. Men have developed unusual brilliancy in conversation, in billiards, or other sports not requiring much output of strength; which, unfortunately, gradually subsided at the strength returned. In the rare instances in which marked increase in ability remained permanently after a fever, mental alienation ensued finally.

The sexual organs are apt to exhibit the phenomena of erethism, or irritable weakness, during convalescence. Indulgence in any but moderate exercise of this function is at once followed by manifest debility, and excesses may permanently interfere with perfect recovery. For full recovery after a serious attack of a septic disease, like small-pox, or typhoid fever, a full year is none too long a period.

SUGGESTIONS:

Quassain, berberine and the other simple bitters, are usefully added to the acid pepsin, to increase the digestion of food and the appetite.

Arsenic is often required with iron, to restore the blood; especially in cachectic cases.

The only absorbent likely to be admissible is the iodide of iron, which may be given when the lymphatics are slow in carrying away the debris of the great battle that has been fought in the body.

When sinking or fainting spells occur, a "bracer" should be carried by the patient for instant use. None is better than brucine, of which a granule may be taken whenever required.

Insomnia may be relieved by a few grains of nickel bromide at bed-time, or by caffeine valerianate, even in the small doses of grain 1-6, frequently repeated.

When dropsy of dependent parts appears in convalescence, the doses of iron should

be increased, and apocynin, grain 1-6 given every one to four hours; while brucine, grain 1-134, after each stool, speedily relieves the atonic diarrhea that sometimes ensues. And, as in all cases where the crisis of the blood has been impaired by disease, especially when due to the action of micro-organisms, nuclein is indicated, to restore the vast numbers of corpuscles that have been destroyed. Given plenty of food, the means of digesting it, and there only remains the problem of assimilation; and here is where we find nuclein, as the "rifle-bullet."

LALONEUROSIS.

A Nervous Disorder of Speech.

By Dr. William M. Cate, M. D.

FITS was the family diagnosis, and despair and without hope was the prognosis of those most interested.

The patient was lying between the devil and the deep sea; that is to say, death on one side, and an array of mixtures from a score and a half of doctors on the other.

A boy fifteen years of age, bed-ridden for a year and three months; a ver-



WILLIAM M. CATE.

itable living skeleton; anemic; weakened circulation; cold extremities; anasarca; finger nails split, development arrested, brittle and broken; the hair thin and extremely fine in texture, similar to second growth in recoveries from typhoid; two bed sores on the back, sacral region; a frightened and inane expression of countenance; a strabismus of the left eye of about four degrees, and of the right of about two, and a chronic blepharitis, with much thickening, was the general picture presented to me on my first introduction to the patient.

The "fits" appeared at irregular intervals, never during sleep, and always when

the patient was not alone. The duration of the "fit" was from a few seconds to five minutes; clonic in character, grinding of the teeth, but no mouth foaming, and upon closer questioning I became convinced that there was no loss of consciousness, as had been contended by the attendants, but in place of it extreme prostration and exhaustion.

Examination of the superficial reflexes, as well as of the tendon reflex, gave normal response. The patient was less liable to attacks when free from excitement. There seemed some inco-ordination of movement at my first call, when attempting to shake hands; and at that time, upon my questioning him, I observed a slight attack of the spasms, lasting possibly five seconds. His urine was normal, as was the temperature, and bowels fairly regular. There was nothing in his previous history, hereditary, prenatal, congenital, or acquired, from severe acute disease or other accidents, which would explain his gradual departure, from a condition of fairly good health at the age of twelve, to this present critical condition.

Impaired speech was this patient's affliction; and, excepting the eye disease, the symptoms and conditions associated with his present state, were a chain of sequences dependent upon the principal disease. Nor did the eye trouble have any influence upon the case; for no attempt was made to correct the defective vision, or treat the strabismus, until the patient had reached comparative recovery.

Those three separate and distinct muscular forces, expiration of air from the lungs, the vocal efforts, and the consonantal production, had refused to work in equipoise, smoothly and co-ordinately; but were, in fact, opposing muscular forces struggling in contention, and producing spasmodic contraction and obstruction, so severe as to interfere completely, at times, with respiration and deglutition.

Sensitive, and timid of disposition, he

had always shown great fear of blame or disapprobation; so that at first a question addressed to him would elicit an attempted reply, resulting in spasmodic contraction, choking, coughing, and loss of breath; later, the fear of a seizure of spasm, in the face of previous disappointing experiences, and increased embarrassment, augmented the spasm; until choking and loss of respiratory effort became so fixed as to bring about complete temporary loss of self-control, and prostration, as he dropped helpless and semi-conscious to the floor; but not, as was supposed, in an epileptiform convulsion.

Latterly, he had become so much worse, that some slight incident, as pointing a finger at him, had been known to bring on one of his bad spells; and at this time he attempted to take his food while in the recumbent position, for the muscles of deglutition had also become so much involved, as to precipitate severe spasms, from attempts at swallowing even the smallest quantity of food.

Exhaustion, and inanition, from privation of food; confinement to the bed, from fear of an attack of the "fits," while in some other position; and the pitiful dread and dismay exhibited by any intimation of a return of these attacks, were the most discouraging features which this case presented at this time. Failure in attempts to use the stomach tube in alimentation, and poor success with liquid nourishment by the rectum, led me to direct rectal feeding with solid nutriment. Freshly broiled lamb chop, quickly minced, and seasoned with pepsin salt, was found to be well retained, and assimilated; and its nutritive value was, from the first, apparent.

The vasomotor and trophic disturbances, as evidenced by the bed sores; condition of the nails, hair and skin; coldness of the extremities, and general circulatory condition, were met with a spinal ice-bag; applied for twenty minutes, twice a day, to the cervical and dorsal spine. Under its

influence there was relaxation of the nerve force, contracting the blood vessels in the extremities; and with their increasing diameter, and lessened resistance, the blood flowed in greater volume and with greater ease, impelled now by an accelerated and strengthened heart's action.

The great efficacy of the spinal ice-bag, as a remedy in the treatment of conditions arising from vasomotor disturbance, I have for many years seen demonstrated, time and again; and have never allowed myself to forget its high value, as an adjuvant, at least, in the treatment of many complicated cases of chronic disease.

Given a spasmodic or excessive energy of the vasomotor nervous system, which, contracting the peripheral and distal branches of the circulatory vessels, lessens the amount of blood circulating in these tissues and parts, there must follow, as a natural sequence, diminished nutrition and secretion, and general unnerivation of these parts and tissues.

To overcome this intensity of action, or spasmodic condition of the vasomotor system, the application of cold to the spinal column I have never found to fail me, in producing dilation of the blood vessels, afflux of blood thereto, and marked increase of all vital properties, in the tissues supplied by this circulating system.

I therefore remarked, with much satisfaction, immediately after the first application of the ice-bag, the increased temperature of the extremities, and the general evidence of improved circulation there.

The bed sores were given a thorough alcoholic sponging, following this an antiseptic dry dressing, or packing, with a powdered boric acid compound; and each sore was finally covered with the ordinary rubber-backed surgeons' pitch plaster, each one of a size double that of the sore, the edge of which being protected from the pressure of the dressing, by the introduction of a small circular roll of antiseptic cotton; this being placed within a half or

three-quarters of an inch of the edge of the sore, under the pitch plaster. This dressing of each sore was not taken off or interfered with for some weeks; when, upon their removal, there was found to be a condition of practically complete recovery.

To the surface of the body porpoise oil was applied, at regular intervals, with efficient but light hand-rubbing, alternating with which alcoholic applications to the skin were also resorted to.

Although such spasmodic neuroses as stuttering have their basis in the derangement of the nervous system, still, muscular gymnastics and mechanical means may be brought to bear upon the groups of muscles affected, and prove no small factors in overcoming impaired speech and promoting a cure. Such a course of treatment instituted by me, nearly twenty years ago, has met with a large measure of success in many cases since. A trained nurse, or some member of the family competent to take charge of and prosecute this part of the treatment of the patient, is placed under the following instructions:

First: The patient is instructed that, during every effort of articulation, the head is to be kept slowly and continually and uniformly in motion. The first position of the head with the chin depressed as much as possible on the sternum; thence the head to be slowly raised, until the chin has reached a high point of elevation, when slow depression of the chin should follow, until the sternum is again reached by the chin; and this process repeated, over and over again, so long as articulation is attempted; a most important feature of this being that, at no point of the exercise should rhythmical motion of the head in course of alternate elevation and depression cease, but should continue uninterrupted so long as articulation is going on.

Second: The patient should practise expanding fully the lungs with air, retaining the same, and expelling, first slowly, then quickly, until this faculty has become

well regulated, and under complete control.

Third: Breathing through the nose only is to be most rigorously insisted upon, at all times, while pursuing these exercises.

Fourth: The vowels are the first sounds to be used in practice; these to be followed by monosyllables, and these in turn by polysyllables; until at length simple sentences, first of poetry, and then of prose, will be found to be easily, smoothly and successfully articulated; and without those anomalous and eccentric accompaniments which are associated with stutterers' spasms.

This method of treating stutterers has, under my observation, attained such high degree of success, as to lead me to believe that it will rarely fail, in any case in which it is given faithful and thorough trial; except where there exists some such exciting cause as adenoid vegetations of the air passages, calling for surgical interference.

The sulphate of duboisine was the remedy prescribed, in hypodermic doses of 1-240 of a grain; administering this alkaloid here, not only because of the strong sedative action, and anti-spasmodic qualities, but having had of late most brilliant results from its use; notably, in a case of paralysis agitans, the tremor of which under its influence disappeared almost entirely, for a long period of time. I therefore became convinced of the determinate action of duboisine on the cortical brain centres. I therefore gave this alkaloid as above, increasing the dose until 1-120 grain doses were reached, and continued it for eight days; after which it was still exhibited three times a day, by the mouth, in 1-120 grain doses, together with a general tonic and restorative treatment.

There was no attempt to give nourishment by the mouth during the first two days; nothing but the cracked ice, which he had been in the habit of allowing to melt in the mouth in small quantities. But after forty-eight hours of the treatment above described, he was left alone with a

glass of milk, with explicit directions for procedure, and experienced no difficulty in swallowing the same. From this time there was little or no difficulty experienced in taking liquid food by the mouth; and it soon proved to be a comparatively easy matter to masticate and swallow solids.

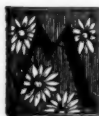
The rapid and uninterrupted subsidence of the nervous symptoms, and general improvement in health, strength, and flesh; and the complete disappearance after four months' time of every semblance of stut-terer's spasm, was the happy termination of this case.

103 State street, Chicago.

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This is a remarkable instance of how a formidable train of symptoms may grow out of a comparatively inconsequent cause. The skill shown in unravelling the tangle, and in treating the primal disease and the complications, is simply admirable. Duboisine, a member of the important group of mydriatics, has certain points of difference from the others, which render it of interest. It checks sweating like atropine, but comes closer to hyoscyamine in relieving vesical tenesmus, and to hyoscine as a hypnotic and sedative in delirium. It has been especially recommended in puerperal mania, with incessant motor activity. I have recently found it of the greatest service in a case of climacteric melancholy, with feebleness of intellect, great prostration, and incessant restlessness. Here, duboisine in doses of 1-250 to 1-134 grains, gives instant relief, and generally produces sleep. Dr. Cate's observation would indicate that duboisine should prove useful in all cases of weakness with unrest, or erethism. As this alkaloid affects the bladder so strongly, it should find a place in treating spermatorrhea.—Ed.

Dr. Waugh's long-expected book, "The Treatment of the Sick," is in the printer's hands. See ad. pages for special terms to advance subscribers.



MISCELLANEOUS

The pages of this department are for you. Use them. Ask questions, answer questions and aid us in every way you can to fill it with helpfulness. Let all feel "at home."

NOTES ON THE DECEMBER CLINIC, 1896.

Editor Alkaloidal Clinic:—My grandfather once said to me that he knew no more serious book of admonition than a watch, ticking off the moments of passing life and time gone, gone never to return! Ah, but the consequences of our lifetime, for weal or woe, are yet to pass! For the past successful year of the CLINIC you and we, contributors and readers, must be thankful to the guiding Providence, and for its and our mistakes we will pray that the same Providence avert any harm. Success and failure can be measured by only the good or ill we have done. May the end of the coming year record an even greater success for the CLINIC than that of the passing one. Your securing of editorial work by Dr. W. F. Waugh on the CLINIC of next year must reassure us of that greater success. And the doctor's forthcoming and so long longed-for books we shall accept as the gifts of the New Year. Your few words to advertisers in the CLINIC, and to us its readers are eminently proper. "Tell me with whom you associate, and I will know who you are," is applicable to this point. An advertisement in the CLINIC must go the greatest part of the way to secure confidence in merits claimed. I shall mind your word to contributors if I am spared to be one.



E. M. EPSTEIN.

What you say of the sex question, and the fearlessly free discussion of it in the CLINIC must be approved by every lover of his country and friend of the human race.

Full of practical truths are your anti-pedantic ideas of "The Higher Medical Ethics and Duty to Patients," and those of your readers who have always acted in accordance with them must be gratified to find their support in you.

Dr. Cuzner's case (p. 442) of miscarriage is not only interesting, as he modestly heads it, but very instructive, too, as to diagnosis, alkaloidal medication, management and successful results. An attentive reader of this article will, I think, quickly remember it whenever he gets a miscarriage to attend to.

Dr. Coleman on "Malarial Fever" (p. 444) rejects the theory, that its evident periodicity depends upon a vitiated condition of the air, or upon any microbe. For many years he observed the prevalence of this fever, epidemically even, when the range of the thermometer was from thirty to forty degrees in the twenty-four hours. Concomitant with this he also observed that the normal positive electric state of the atmosphere changes then to a permanent negative state, and he therefore concludes that electricity is the exciting cause of this disease. This reminds me of the honest confession of the poet Grillparzer: "Our explanation of nature consists in this, that we reduce a rare and non-understood occurrence to a frequent occurrence, but which is equally not understood." Humiliating, to be sure, but sadly true.

Dr. Neptune's article on "Coughs and Their Treatment" (p. 446) and the editor's reference to other articles in the CLINIC (p. 448) are very timely and serviceable.

Dr. C. H. Kay's article on "Nuclein in Hemoptisis" (p. 448) is strikingly novel and promising. His report of case 3 (p. 449) suggests the idea that nuclein may be a veritable cell tonic. What a boon (and a boom, too,) if this be so.

Dr. A. L. A. Toboldt's "Clinical Notes on Nuclein Solution" (p. 450) is equally encouraging on that new remedy. Such valuable articles are making therapeutic

history, and our cherished CLINIC is perhaps the only or at least the foremost depository of it.

Dr. E. J. Meacham's six cases of bronchial and pneumonic sequelæ of pertussis (p. 452), suggest a necessary outcry against the prevalent domestic tampering with that frequent disease by the all-knowing old granny of both the male and female kind. No remedies are so potent against whooping cough, in mitigating it and in preventing future diseases, as the alkalometric (will you, Mr. Editor, permit this term to exist?) granules.

"The Therapeutics of Glonoin" (p. 453), by Dr. E. A. Welch, is a fine and useful contribution on this wonderful remedy.

"Infantile Eclampsia" (p. 455), by Dr. J. D. Justice, will be gratefully remembered by the attentive reader, whenever he is called to treat it. And will he do it by any other than A. A. & Co.'s alkalometric granules? Well, yes, if he is converted from the errors of the crude *materia medica*.

"Apoplexy" (p. 457), by Dr. J. Seay, is sadly interesting, and I must, for once, differ from our good editor that "Nature's efforts are to cure." Her efforts are as often to kill, but for which the doctor gets the miscredit, and mispay, too.

Buckley's fourth paper on the pathology and therapeutics of the female pelvic organs (p. 457), is as the former numbers, classic, lucid and pre-eminently serviceable in everyday practice.

"The Escharotic Treatment of Cancer" (p. 461), by Dr. W. S. Birge, is not only a useful resume of the subject, but contains also some new dressings which are certainly worth trying. The editor's reminder (p. 463) of Waugh's article in the May CLINIC is apropos.

Dr. Pratt (p. 463) gives his third and last part of "Reply to Epstein's Questions" in the September CLINIC, p. 330. The doctor has a theory on the subject of sex life, which is, that life generally is anal-

ogous to, but far higher than, electricity and the magnetic force that arises from it. I have just reread all his papers, and they bring to my mind a late saying of the Rev. Mr. Talmadge, son, of Pittsburg, Pa., that "Theory is the fine art of guessing." Now, a guess may be right or wrong, and yet not affect the fine art of its elaboration. The wrong of it manifests itself then only, when we attempt to apply that guess, as though it were an incontrovertible truth, to the stern facts of everyday life. To that wrong Dr. Morton in the November CLINIC (p. 410), and Dr. Shaller in this CLINIC (p. 470), point with good force of reasoning.

But there is yet another wrong to which I shall venture to point, and that at the hazard of standing alone, for that wrong is almost universally accepted as a right. We hear it constantly said that nature and her laws are to be followed implicitly. In medicine we hear always of the *vis medicatrix naturæ*, but is there not also a *vis mortifera naturæ*? Nature shows but one avenue to life and innumerable avenues to death. Does not nature show on every hand "a wanton waste of life. . . . A blossom driving and destroying ever"?

And yet to the unregenerate natural man nothing else is, confessedly, given as a guide. Education alone might make a man understand and accept the whole theory of Dr. Pratt, and apply it as Dr. Wood advises. Culture, too, is necessary, in the etymological sense of cutter, or pruning-knife, to lop off the natural pathological excrescences which education alone may regard as physiological. Nature, to my mind, is an ancient ruined palace. Many a chamber, many a secret vault present yet the full beauty of their own architecture, and of that whole to which they originally belonged. The wise archeologist reconstructs, mentally, the entire palace from the very ruins before him, but the fellahin and the fatalistic Mohammedan take the scattered stones of it to build his hovel with them. There is, I venture to think, no

true physiology in man. His physical and his spiritual nature are a pathology, from which by true wisdom an ideal physiology and psychology can be reconstructed. To say, therefore, that in sexual life we are to follow Nature as she is, and she is plain enough in the beast, is to accept the ruins of the palace as they are, as though it was constructed just so by the original architect.

What, then, shall we do with that all-important sex question? I beg leave to answer my own questions in the September CLINIC (p. 330). To the first I would answer with two sayings reported from Luther: "Wer nicht liebt Wein, Weib und Gesang, der bleibt ein Narr sein Leben lang," and "Bis septimana est sana." This last is neither dosimetric nor polypharmaceutical.

To the second question: Nature in all life, and especially in sexual life must be restrained by culture and righteousness. Righteousness does not mean one's legal or natural right, but the rightfulness of being merciful even to the extent of foregoing one's own right. Man cannot be a beast and thrive either physically or spiritually. To the third: The medical practitioner must ever regard the laws of righteousness, commonly called morality. There is no more responsible servant of society than the physician, and according to the Christ he ought to be the greatest just because he is the servant. Alas! that there should be so many moral pigmies in our ranks. To the fourth: Sanitation does not demand polygamy, any more than polyandry, either of which is either legalized beastly indulgence, or a foul religious excrescence. Sanitation would never demand prostitution if human society would permit every human being to live humanly. If a man has a right to the means of life he has a right to have a wife, and children, too. It will be then only when society will be modeled after the pattern of the Mosaic political economy, land laws of limited

possession (Lev., xxvi., 8-18), commercial laws against usury (Deut., xxiii., 20), then only will society have the right to enforce the Mosaic law, "There shall not be a whore of the daughters of Israel, and there shall not be a whoring man of the sons of Israel" (Deut., xxiii., 18). But as society is at present constituted, with perverted conditions of life, of which this is not the place to speak, there is, alas, a sad excuse for prostitution, which becomes for the unregenerate, natural man, as much a necessary as a privy is, and should be kept as clean. Mammonism is to the greatest extent responsible for prostitution, and all the filthy diseases that arise from it. It is this that makes civilization coextensive with syphilization. Mammonism is responsible, too, for a great part of abortionism and the two-children system in this land of progress and poverty. A pair of twins were once born in a family of this country, and the older child of the family was called to see them. "Ma," said that little tot, "which one shall we keep and which shall we drown?" Oh, the Pharaohs of Mammonism! To the fifth: Puberty does not justify rape, nor seduction either. Continence and purity will never hurt any one, all claims to the laws of animal nature notwithstanding. To the sixth: Self-abuse and incompatible marriages are terrible social plagues, but in the present perverted social state, it is as difficult to choose between these and other plagues as it would be to choose the best of the ten plagues that came on Egypt. To the seventh: Nature's laws are not always God's laws. God is the theists' ideal of goodness and purity. Nature, as she is now, is very far from this ideal, and, in sexual life, even more than in the other departments of life, we will not fare the best by following nature's laws indiscriminately. Finally, I am neither a pessimist nor an optimist; simply "Homo Sum."

Once in my younger days I wrote thus on manful trust:

Wake, wake up and trust, my soul!
 Trusting faith is better, better
 Than despair, despair so foul,
 Thy spirit down it does but fetter.
 Brutes but pain of body know;
 Angels know not what be sadness;
 Man between thyself do show;
 Chase away despair; 'tis madness!

My pertinent questions evoked by Dr. Pratt's first paper seem to have stirred up the discussion of this sexual subject, and this is the exclusive reason of my adverting to it at, perhaps, unnecessary length. This, too, precludes my usual pleasure of reviewing further the good things in this CLINIC. Wherefore, I conclude with a sincere and unhackneyed Happy New Year, to the Editor and his numerous readers, and I remain,

Your humble servant,
 EPH. M. EPSTEIN, M. D., A. M.

Dear Dr. Abbott.—Though times are hard and money is as scarce as hen's teeth, I must have Dr. Waugh's book, and to do without the CLINIC would be like going without bread.

DR. G. BIENER,
 Port Allen, La.

RHUS TOX. IN SCIATICA.

Editor Alkaloidal Clinic.—Every number of the CLINIC teaches or suggests something worth much more than the subscription for the entire year. It has been gradually improving and the last four numbers I do not think can be better; still I trust it will continue to improve until it will be recognized by the medical profession as the best journal published for the benefit of humanity at large. Many thanks for the comments of the editor, as I think them especially instructive. Long may he continue them.

I will report a case for the CLINIC if you think it worth the room.

Mr. C., age 37 years, had been suffering for three years with sciatica of the left

sciatic nerve. He was a druggist, therefore he tried many things for his relief; also used many liniments of various patent fame.

I had often seen him with these attacks. He could not walk without the greatest pain, and most of his time was spent lying upon the counter, or on a small cot in the store. He suffered so severely that he told me if he had no family he would be tempted to take his own life, to free himself from such unbearable pain.

In conversation with him I learned that his pains were worse on damp, cloudy days; in fact, on clear bright days he was not affected at all. I therefore came to the conclusion that he must have rheumatism of the sheath of the sciatic nerve. I gave ten drops of Lloyd Bros. specific rhus tox, in four ounces of pure water, and directed him to take one teaspoonful every two hours. After taking the mixture for twenty-four hours his pain left him and he has never had any pain since. He often says I cured him so quick and easy that he would like to try the medicine again on the pain, if he was not afraid of its staying; and that it might not give way so readily. I think rhus tox is the medicine for rheumatism either of the sheaths of nerves, or of the muscles. It certainly will work wonders here, but I do not think it has any value in any other form of rheumatism.

Could you not get an alkaloid of rhus tox? I see you advise the green root product. While this is good I would think an alkaloid would be better.

I find the alkaloids especially valuable with children. I can cure most all the ills of childhood with them very quickly. I have used them with adults but very little; it takes so many and they are hard to obtain when one gets out. I trust however before long that with the many brilliant lights that are contributing to your very valuable journal I too, may be able to cope with disease with the alkaloidal remedies, like Dr. Coleman

and others. Much success to the CLINIC and its many subscribers.

L. E. PARR, M. D.

Beeville, Tex.

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No alkaloid has yet been obtained from rhus tox, whose irritant properties are thought to be due to a bacillus inhabiting the plant. Doctor, if you will use the little granules according to the directions in Shaller's Guide, you will find the doses large enough. The case described is a singular one, and should lead to further trials of rhus in this direction. Can any one match this case?—Ed.

If you want a complete volume of the CLINIC for '96, in nice cloth binding, send your file, with 10 cents each for any missing numbers, and \$1.00 more, and we'll send you one prepaid.

TEMPORARY APHASIA FROM AN ACCIDENT.

Editor Alkaloidal Clinic:—On Decoration day, 1896, about 3 p. m., George T—, aged 17 years, was playing ball, and while batting, was struck by the ball on the left temple about an inch above and an equal distance in front of the ear. He was knocked down by the force of the blow; attempted to get up, but would have fallen back but for the assistance of his brother.

When he arose he found that he was unable to speak a word, although he was perfectly conscious of everything. He immediately walked to my office, a distance of about a quarter of a mile. When he arrived there was nothing in his appearance to attract attention except a convulsive twitching of the muscles about the mouth. There was no paralysis of the face; the tongue was protruded naturally; he complained of no pain, and there was scarcely any bruise where the ball struck him.

I immediately gave him hyoscyamine and gelsemin in solution, to quiet the nerv-

ous system, and when he drank some of the liquid escaped from the mouth. I sent him home, ordered him to go to bed and have cold applied to the head in the form of ice water, and gave him hyoscyamine amor., gr. 1-250; cicutine hydrobromate, gr. 1-134, and gelsemin, gr. 1-67 every half hour until quiet. At 7 p. m. he was resting quietly; no pain; temp. $99\frac{2}{3}$ degrees; the twitching of the muscles had stopped; he could say, "yes" and "no," but had to write anything else he wished to say.

I then gave ergotin, gr. $\frac{1}{2}$; gelsemin, gr. 1-134, every hour if awake and cold applications. He rested well during the night and the next morning the most that he complained of was the inability to speak, a trembling of the tongue, even when in the mouth, which was very marked if he protruded it, and a complete loss of the sense of taste. His fever was gone.

I began to give him strychnine arseniate in solution but it was four or five days before he could distinguish the intensely bitter taste of the medicine. His taste gradually returned and also his ability to speak until now (one month after the accident) he can speak nearly naturally and seems about as well as ever.

The absolute loss of the sense of taste and of the ability to speak, the entire absence of pain and the small amount of swelling and soreness where the ball struck him are the peculiar features of the case.

N. H. ADSIT, M. D.

Succasunna, N. J.

NARCEINE AND SANGUINARINE.

Editor Alkaloidal Clinic:—I find narceine very uncertainly described, and little said about it in alkaloidal literature. Before I exclusively used the granules, I employed the milder alkaloids of opium, codeine and narceine.

Narceine is milder even than codeine, if properly taken; the dose being gr. 1-6 to gr. 1-4. By the advice of Dr. Schmitt, of

Wurzburg, Germany. I have used it in all forms of bronchitis, whooping cough, and sleeplessness, p. r. n., and subcutaneously against spasms of any kind, and in neuralgia; also in suppositories of one grain of narceine. It is best taken with a small drink of pure water and a drop of hydrochloric acid afterward.

Sanguinarine has quite a reputation for destroying the microbe of croup. It is valuable in atonic dyspepsia, and against catarrh of the stomach and bowels, in doses of 1-12, 1-8, 1-6 grain, often repeated, until the effect is obtained; then every three to four hours. I gave the alkaloids according to the drugs in the following way: For instance, narceine, one granule, in fifteen minutes another, then one in thirty minutes, then wait sixty minutes, and then wait one hour and a half.

Sheboygan, Wis.

DR. BECKEL.

—:O:—

The value of sanguinarine has been attested by many observers, but narceine has been neglected. Will those of our readers who have made use of the drug report upon it? Over twenty years ago Da Costa gave it a trial, but at that time the difficulty of obtaining rare alkaloids was so great that the reports have little value.

—ED.

ELECTRICITY AS A THERAPEUTIC AGENT.

Editor Alkaloidal Clinic.—Electricity has already come to be a therapeutic agent of paramount importance, and who will dare to forecast the limitations of its future?

While the range of its use is of the widest, it is particularly adapted to certain forms of disease. In gynecology it is indispensable. It is here important, not only to the practitioner, but also the patient.

The real object of our efforts is the relief of our patient. That relief is ideal only when it is not followed by some other

injury or suffering than what is due to the original disease.

If that be true, let us use almost any other means than the knife. Laparotomy is not to be performed when the result is sterility. Let us welcome any method, but give electricity a trial. It is effective, gentle, and leaves behind it no ugly trace of permanent, not to say wicked, injury.

No ailment of the human body has caused the practitioner more trouble and annoyance than those of the uterine appendages. In the past we have had to resort to the knife in many cases to save our patient. Now that we have a better, truer remedy, we are robbed of the last excuse for the knife. The gentle remedy of electricity must be employed if it had no other merit than the consideration of the future of the patient. Need we wonder then, that eminent gynecologists recommend it before condemning suffering women to sterility?

Electricity is a wonderful agent. With it one may break up ankylosed joints, straighten many curved spines, cure rheumatism, strictures, dyspepsia, liver troubles, etc. It is not a cure-all; but, with the aid of granules, extracts and tinctures, it is a great agent for the elimination of disease, and relief of suffering humanity. It must be considered the best of therapeutic agents in the cure of ailments for which it is adapted.

It is not my object at this time to speak of the numerous ailments that are amenable to this remarkable curative agent, but rather to say something that will assist our willing gynecologist in his troublesome cases.

Endometritis is one of the diseases that may be cured by its aid. By using faradism, our patient is first relieved of her pain. This is accomplished with the following described coil: It is made of a short fine wire and a rapid vibrator. The secondary wire is eight numbers finer than that used for the primary, and about ten

times its length. The vibrator should give 50,000 interruptions per minute. This coil should be connected with a vaginal electrode, insulated, or a uterine cup, resting against the os uteri, and the other cord should be connected with an ovarian electrode which is placed over the ovaries. Use a fairly strong current, and in about two minutes sedation will occur. In the use of a short wire coil of high tension, you will find that a larger or more lasting effect is accomplished than with the longer wire coils; but the seance should not cease when the pain is relieved, but should continue for at least three minutes longer.

Should the pain return before the time appointed for the subsequent sitting, it would be well for her to return for immediate treatment. Let the treatment be daily for about a week, and then every other day, except during the menstrual period. The periods between the recurrence of pain will be larger after each sitting, until the cure is accomplished.

If this method does not cause relaxation, use a mild galvanic current of about five milliamperes, the negative in the uterus, the positive on the abdomen. This method may be employed twice weekly, with about seven-minute sittings. If, after a period of one month this does not have the desired effect, then resort to heroic dosage of 40 milliamperes; in which case we reverse our poles by passing the current through the endometrium to the abdomen, and never oftener than once a week. Two weeks in many cases should elapse before repetition. Two-minute sittings are ample with this heavy current.

It would be well also to use a douche of sennine solution in the vagina and vulva (3 per cent).

For undeveloped ovaries, use a slow pulsating faradic current, one from a muscular coil or made of large wire, and use the ovarian electrode over the ovaries, the other in vagina. In using a vaginal electrode be sure it is not in contact with the

os; then turn on the faradic current; use for about ten minutes, once a week. From four to eight treatments generally suffice.

In amenorrhea, dysmenorrhea and menorrhagia, electricity is indispensable. It excites the menstrual flow when absent, by using the negative pole in the uterus. Decrease the flow when profuse with the positive pole (galvanic current). It also relieves the pain when used as described for endometritis.

In chlorosis and anemia, amenorrhea is the natural resultant, and electricity is not always indicated if the flow be profuse. The lining membrane of the uterus may be diseased, which would indicate local treatment for the purpose of stopping the flow. What would likely be of much more benefit would be a tonic; then a mild faradic current from the neck to the feet. But if the patient be of robust nature but having cold feet, electricity is surely indicated, and should be applied from the lumbar region to the feet, using the slow muscular faradic current, and the galvanic current internally, as previously stated.

In cases of dysmenorrhea, due to obstruction or mechanical causes, such as stenosis, galvanic electricity is indicated; but should it fail to produce a free flow, then assist it with the muscular faradic current from the vagina to the ovaries. In this trouble a few treatments generally suffice. In cases of pelvic cellulitis, the treatment may have to be prolonged for several months before a cure is accomplished; but we will always find it to be a faithful servant.

Stenosis of the uterine canal. In this trouble the galvanic current is indicated; the negative pole in the uterus, the positive on the abdomen, seances bi-weekly, two minutes each, about 20 milliamperes of current. From two to twenty treatments generally suffice.

Displacement and prolapsus. In these troubles, much time and good judgment are necessary. The applications must be

varied according to the conditions presented. In chronic metritis, the best treatment is by applying a uterine electrode against the os, making it positive; the negative over the stomach and back, or the dorsal region, using no more than ten milliamperes for about five minutes bi-weekly.

For prolapsus, use vaginal electrode (insulated), against the os; or the uterine cup, with a large electrode on the abdomen or dorsal region. It is sometimes better to use a bifurcated cord connecting the abdominal and dorsal electrodes up as one electrode, the positive being in the vagina. Three minute seances suffice, with about five milliamperes of current, with a rapid muscular faradic current, bi-weekly. This treatment may require six months for a cure.

For anteversion and retroversion, apply muscular faradization to the vagina and abdomen, or the vagina and dorsal region. Many cases can be benefited by this method, tri-weekly seances of ten minutes duration.

In all these treatments we must be on our guard against over-treatment, for in using the galvanic current we are liable to increase the inflamed condition instead of allaying it, we therefore should find out as near as possible the condition of our patient before making any application. Should she become worse after the treatment, do not give her the next treatment until the increased inflamed condition shows signs of abatement.

In treating for cold feet, connect the rectal and feet electrode with a muscular faradic coil, using the rapid vibration; then with the slow vibration for about fifteen minutes. Two or three treatments generally suffice.

DR. H. C. SAMPLE.

Chicago, Ill.

Dr. Waugh's long-expected book, "The Treatment of the Sick," is in the printer's hands. See ad. pages for special terms to advance subscribers.

TYPHOID FEVER: CURED BY "HOLDING ON."

Editor Alkaloidal Clinic.—While, as yet, I am but a raw recruit in the great "CLINIC" army, and have nothing to publish to your readers bearing on "alkaloidal medication," I beg to ask for sufficient space to report the history of a case, which, to me at least, seems outside of the pale of the ordinary.

Miss L. K. called for my assistance, and was found to be a sufferer from that dread disease, enteric fever, which had made its presence felt in her system eight days previously. There was nothing unusual in her case at this time, except the fact that she presented the appearance of, and gave a history of having had, chloro-anemia for several months. She is large, fair-skinned, long-boned and superficially veined; has long eye-lashes and withal gives one the appearance of a patient having but a small amount of vital resistance.

From the first an anti-septic, eliminant, and tonic treatment was instituted. The case progressed fairly well for a period of about ten days, when she was seized with intestinal hemorrhage, and a rapid decline of body heat, which became sub-normal, with all the symptoms of impending collapse. From this condition she slowly rallied, and began to give evidence of the possible possession of sufficient vitality to carry her through safely into the harbor of health, when she suddenly, and without warning, was seized with general convulsions, which were supposed, by the attendant to be "nervous spells."

Fortunately I happened to be present when she was suffering from one of these attacks, and recognizing its true import, immediately began an investigation with the view of determining its cause, which was found to be uremia. The temperature at this time had reached 106 F., and was accompanied by continuous vomiting. A careful inspection of the microscopical character of the urine was made, and ad-

ded to all the foregoing unfavorable symptoms, together with the fact that large purpuric spots, some as large as the palm of the hand, with hundreds of small sized ones, were found under the skin. The last ray of hope seemed to have been dispelled from the clinical sky, and the good, faithful, kind-hearted, intelligent nurse, Miss K., and the friends, gave up all hope of recovery. While the chances were diminishing daily, yes hourly, I remembered that the deeply lamented Austin Flint, Sr. always taught: "there is no condition in typhoid fever which may not be recovered from," and this dictum in emergencies from so eminent an authority, coupled with some personal experience in cases apparently hopeless, led me to hope on, and to occasionally exhort the nurse and friends by saying: "*Don't give up the ship.*"

Hope at last once more perched herself upon the banner of the faithful, and we had begun to console ourselves with a careful review of the ameliorated symptoms, when we discovered the fact that on the head, legs, arms, body and back, abscesses had begun to appear! I must confess that at this juncture, the outlook was indeed ominous; but true to the belief that no patient is dead until—what? No man knows! We continued to do our duty by our patient, and after seven long weeks of suffering she was restored to her family and friends, terribly weakened, mentally and physically.

I am enjoined to write the above, for the reason that I am firmly of the belief that too many patients are abandoned by their attendants in the trying hour of need, and that oftentimes if they had the courage to continue their administrations *with a bold hand*, they would not only have the great pleasure of seeing their patients recover, but would be entitled to that praise and that self satisfaction which can come only to those who have the courage of their convictions.

At this time nothing will be said about

therapeutics and general management of the above described case, except to remark that I can assure you, that medicines were used with a liberal hand. No half-way measures ever did or ever can save such desperate cases, and he who pins his faith to infinitesimals and such diluted nonsense will, in that last day, find that he has many sins of omission to account for. Having treated several hundred cases of enteric fever, with a death rate of less than 2-3 of one per cent., there may, in the future, be found, in my mind, a sufficient excuse for considering the therapeutics of this dread disease, which though old, hackneyed, and pen-scarred, still has a power and venom that kills.

T. A. LANCASTER, M. D.,
N. Manchester, Ind.

—:O:—

There is a very great deal in the idea presented by Dr. Lancaster. Readers of *Stern* will recall the famous scene with Uncle Toby and the dying lieutenant. Many a patient is kept alive by the sheer force of the physician's will, who would have died if she had been allowed to do so.
—Ed.

If you want a complete volume of the *CLINIC* for '97, in nice cloth binding, send your file, with 10 cents each for any missing numbers, and \$1.00 more, and we'll send you one prepaid.

LYMPHANGITIS CURED BY CALCIUM SULPHIDE: DIABETES MELLITUS.

Editor Alkaloidal Clinic.—I have a little clinic, which perhaps may serve to lead some hesitating brother to a happy conclusion, and as happy a termination of his difficulty as it did mine. Mr. T., a mail carrier, had for some time suffered with an annoying pain in the third metacarpal phalang of the little finger of the left hand. After ten days or more, there appeared a little vesicle on the epidermis, on an indur-

ated base, and considerable swelling. A doctor told him it was a felon, and lanced it, claiming to have gone to the bone.

Still the pain did not abate, and the swelling increased, and when after a couple of days he came to my office, his step was feeble, and his face pallid, his voice trembling, the hand badly swollen, with rays of bright red extending up the arm, pain in the shoulder, and alternate sensations of heat and cold evidencing septicemia.

I put him at once on calcium sulphide, gr. 1-4, every fifteen minutes, and then at longer intervals, sufficient to keep up the effect, at the same time applying a good big flaxseed poultice to the finger and the ulnar side of the hand. I also gave arseniate of strychnine, 2 granules, gr. 1-134, and digitaline, gr. 1-67, every four hours. In 24 hours I had the satisfaction of seeing the inflammation abate and the swelling begin to subside; the pain ceased, and the patient progressed rapidly to recovery. The hand returned to its normal condition, except for the muscular weakness and tenderness at the seat of the trouble.

I am satisfied that without the systemic antiseptic, calcium sulphide, the result would have been far different. I have tried it in crops of boils before, but never with as marked and rapid a result as in this case.

I am satisfied that the Abbott alkaloidal granules are true to the purity and given strength of the active principle as named; and our Editor deserves great credit, and praise for the sumptuous feast of essentials to our vocation, that he lays before us each month. I wish I could aid in contributing to its interest as some do.

I have a case of diabetes mellitus, in which I wish to try the efficacy of nuclein and copper arsenite. The case has been of nearly three years standing, and at times quite severe; the test showing a large amount of sugar in the urine, and the quantity of urine passed often exceeding three and four gallons a day; the appetite and thirst insatiate. The subject is a young

man, aged 21 years, of good stature, perhaps a little too tall, or less full than the weight should allow; (of robust parents of Scotch descent), but now attenuated and quite weak, yet with no evident lung complications.

I had thought to put him on 1-3 drop doses of nuclein every two hours, with one granule, gr. 1-100, arsenite of copper every four hours; and as the diet cannot well be regulated, restrict as much as possible the starchy portion. I would like advice in the matter, and know of no better source to appeal to than the ALKALOIDAL CLINIC, its Editor and his aids. Meanwhile I will do what I can.

T. R. WEED, M. D.

Chester, O.

—:O:—

Doctor, you can at least forbid sugar entirely, and restrict starch to nearly nothing; and this is as much as most patients will do. Add to the remedies you mention, an occasional free sweating with a Betz vapor bath, say twice a week, and let him drink plenty of mildly alkaline water. Try this for a month and note the results.

One of my old students bought a Betz bath, and was so delighted with it that he sent me one as a present. Now, I really do not see how I ever practiced without it. Get the genuine by all means. It is as cheap as can be made of good quality, and it never pays to buy poor stuff.—Ed.

Dear Dr. Abbott.—Though times are hard and money is as scarce as hen's teeth, I must have Dr. Waugh's book, and to do without the CLINIC would be like going without bread.

DR. G. BIENER,

Port Allen, La.

If you want your CLINICS bound, send us your file, add ten cents for each missing copy and one dollar more and we will return you a volume, bound neatly in cloth, prepaid.

SOME CLINICAL NOTES ON CALCIUM SULPHIDE.

Editor Alkaloidal Clinic.—I have been using alkaloidal granules about two years. For some things I like them better than tinctures, etc., and in other ways I prefer the tinctures; but perhaps, as my experience and skill in administering them grows, I shall use more of them.

If I were asked with which of the Abbott granules (and I prefer them to any other I have tried), I had my best success, I think calcium sulphide would stand almost at the top of the list; and the purpose of this report is to tell the readers of the CLINIC what that drug has done in my hands.

Used in the dose ordinarily prescribed by physicians not acquainted with the dosimetric idea, of small doses often repeated until the effect of the drug is secured, it is of but little value; but given freely it will often do very good service, save much suffering to the patient and give credit to the physician.

The first case I tried it in I have reported before; namely, typhoid fever, in the second week, with the tongue very dry and all the secretions very scanty. One granule, gr. $\frac{1}{6}$, every one or two hours (I do not remember the exact time as I kept no notes of the case), moistened the tongue within forty-eight hours and relieved both my patient and myself of a very unpleasant situation. Another case, Mrs. B., age 21 years, sent for me one day last January. I found her with a temperature of 101 degrees, pulse 120, and severe sore throat; on examining which I found two large patches of diphtheritic membrane on the tonsils.

I diagnosed diphtheria and ordered her to be isolated from the rest of the family, and left some granules of the calcium sulphide, gr. $\frac{1}{6}$, strychnine arseniate, gr. 1-134, and digitalin, gr. 1-67; the calcium to be given every half-hour, one granule

until six or more had been taken, according to the ability of the stomach to handle them; then to be increased to one every 1 or 2 hours. A gargle of potassa chlorate and tincture of lobelia, was also given. The next day the temperature and pulse were almost normal and the membrane almost entirely gone. So great was the improvement that I doubted my diagnosis; but a younger brother confirmed it by coming down with diphtheria. He would not take the calcium and so got the old fashioned iron and potassa, etc.; ran a course of a week or ten days, and wound up with paralysis of the uvula.

Third. Mrs. R. had just discovered that it pained her to walk or sit, and as I was in the neighborhood she called me in at once, for upon examination she had found a boil coming on the left labium major. Half-hour doses of the calcium, one granule each, with directions to increase the time to 1 or 2 hours if too much gas was eructated, stopped that boil in 24 hours.

Fourth. Mrs. M., aged 65 years, stepped on a rusty nail. She treated at home for two days, when I was called in. The foot was very much swollen, very red on the back and showed all signs of active inflammation. I ordered a laxative (calomel), a compress of rag wet in spirit of turpentine to the nail-hole in the sole of the foot, and internally calcium sulphide, 1 granule every half-hour for 24 hours, then every hour, until there was very great improvement in about three days; then every two hours for three days more, when the foot was well.

I could quote several more, but will not impose on you longer than to describe the last bad case I tried it in. Mrs. W. had felt a tender spot for a day or two between the anus and the tuberosity of the ischium. On September 9th her husband came to me and described her condition. The pain was very severe and there was quite a large area of inflammation at the point mentioned. I diagnosed an abscess, most

likely ischio-rectal, and gave the calcium, one granule every half-hour for either 24 or 48 hours, I forget which; then every hour for a week, then every two hours until she got well. There was a gradual resolution, the hard part softening to a natural consistency from the edge towards the center, until after two weeks of treatment she got well without any pus forming.

This case took the most of the calcium I ever gave, and with no derangement of the stomach. I was forced to stop it in the fourth case at the end of one week, as it upset the stomach, causing vomiting.

I have only this to say: If you want to get the effect that this drug is capable of producing, get a good coated granule and give plenty of it.

JNO. W. MARCY, M. D.

Merchantsville, N. S.

—:O:—

Dr. Marcy has caught the dosimetric idea, of dosage for effect, and we trust he will try it with calomel. Calcium sulphide grows in favor constantly, wherever it is given in the way Dr. Marcy so well describes.—ED.

SANGUINARIA.

Editor Alkaloidal Clinic. — *Sanguinaria canadensis*, bloodroot, contains, according to the latest researches, four alkaloids. Sanguinarine is the only one found exclusively in this drug. The other three also occur in *chelidonium majus*. The nitrate is the salt usually used in dosimetric practice.

I have had the very best results from this drug, both in the tincture and in the alkaloid, in acute coryzas; very often aborting an acute cold in a few hours with it. It is also of decided benefit in "smothering spells," as per report of Dr. Broadnax in the November CLINIC, page 431; also in a hacking, evening cough with burning and soreness under the upper part of the sternum, worse after lying down; also in

the chest, made worse by breathing. It is often of use in hypostatic pneumonia.

You will also get happy results if it is used at the climacteric, when there is a determination of blood to the head and ears, with headache extending from the occiput to the eyes; also in periodical neuralgic headaches, with nausea and vomiting. Owing to the unreliability of the tincture, I have confined myself lately to sanguinarine nitrate.

DR. MORTIMER H. BROWN,
Louisville, Ky.

—:O:—

Our earliest acquaintance with sanguinaria was made through "Ayer's Cherry Pectoral," which owed its value to blood-root and prussic acid. Sanguinaria is a powerful stimulant to the mucous membranes and to the menstrual function. It richly deserves study and widely extended trials.—ED.

ALKALOIDAL MEDICATION: NOTES ON SOME REMEDIES.

Editor Alkaloidal Clinic—From time to time for one year I have given you small orders and some months since accepted your \$5.00 bargain.

I notice my hepatic tablet (500) is nearly gone. It is a select combination. I began with it, one t. i. d., for a girl of five years, who had not had a natural operation three times a month from baby-hood (congenital). I did expect to give Waugh's laxative granules, but the hepatic tablets acted so nicely that they have cured the case. At present writing the girl is in the kindergarten, bright and healthy, and has not used a tablet for weeks.

Glonoin, gr. 1-250, I never go without. I use it in emergencies as a vaso-motor dilator, on the tongue always, and continue with strychnine granules where indicated.

Sodium nitrite I have used in four cases of urinary suppression, and I believe I like

it better than infusion of digitalis. It appears to act particularly where there seems to be a lack of arterial pressure.

I like zinc and codeine comp. in asthenic diarrhea. Bryonin acts well, but I am not yet satisfied that it equals specific medicine for pleural pains. I must believe that in many instances the alkaloid stops short of retaining all of the medicinal virtues of the plant, but in a vast number it is the essential spirit, and the more I trust your granules the more respect and faith I have for the methodus medendi; and this is much for an old student like me.

DR. F. MILTON FRIEND,
Lamar, Col.

—:O:—

Alkaloids do not always represent the full virtues of the plant, nor its full vices. Hence we employ concentrations some times. But the central idea is the "rifle bullet."—ED.

APPROVES FREE SPEECH.

Editor Alkaloidal Clinic—I have read your CLINIC for November, and enjoyed it very much, especially the articles on the sex question. Let the good work go on, until the rising generation learns the real facts of life. It is not right to conceal that which is so necessary to health, happiness and longevity. If every young man and young woman had to consult a physician before marriage, to be advised as to the advantages and results, it would be better. As it is now, many find out after it is too late, the things they should have known before marriage. There is no reason why they should not be taught that which is best for them, and that which so deeply concerns their whole future life and welfare.

WILL S. THOMAS.
Iowa City, Iowa.

—:O:—

We could not have said it better ourselves.—ED.

RENAL COLIC.

Editor Alkaloidal Clinic.—The alkaloidal granules are becoming more popular with me every day. I dismissed my twenty-sixth case of typhoid fever some ten days ago, with but one death; caused by lobular pneumonia supervening during the third week of the fever. These cases were treated exclusively with alkaloidal granules. I find them convenient in almost every case I meet.

I was called early in the morning of the 14th of October, to see Mr. N. P. M——, aged thirty-nine, weight 96 pounds, naturally weak and anemic. I found him almost in articulo mortis: expression wild and anxious, features pinched, with no pulse at the wrist to be felt, suffering the most excruciating pain in the back and the lower part of the bowels, assuming in his agony almost every conceivable position.

I at once diagnosed renal colic or spasm, and prescribed the following granules: glonoin two, hyoscyamine two, strychnine arseniate two, digitalin German, three, in capsules; applying hot flannels well sprinkled with the spirits of turpentine over the bowels, hot bricks to his feet, etc. In about twenty minutes he expressed some relief, and the pulse could be felt at the wrist, when the first prescription was repeated. From this time on the system became gradually relaxed, and the capillary circulation established. At the expiration of forty minutes from the first dose I gave one granule each of the above. I continued the last amount mentioned until he had taken three more, having given them every hour, when he expressed himself as feeling warm and comfortable. At 4 p. m., I ordered two granules of calomel to be given every two hours, until six were taken, to be followed the next morning with a mild aperient.

I then left with instructions if the paroxysms returned to give a capsule containing the first prescription, and to repeat it

every hour until relieved. I called the next morning and found him comfortable. The bowels had moved twice during the night, and he had also passed water freely, highly colored. The temperature was about normal, pulse the same but rather weak. I then left the following to be taken every two or three hours: strychnine arseniate two granules, digitalin two granules, lithium benzoate one granule; which have maintained the reaction that had taken place, and he has done fairly well until now.

I should have stated that I also used an enema of hot water soon after giving the first dose of medicine. About all to be noted in the above case, was the prompt action of the granules, and the fact that not a particle of opium or morphine was used in the case. The only regret I have is that I had not become familiar with the granules sooner.

DR. J. T. McLANE.

Stanfordville, Ga.

—:O:—

This is another of those cases that strikingly demonstrates the value of alkaloidal medication, when intelligently and boldly applied. Who that has felt or witnessed the atrocious pain of renal colic could believe that such relief could be obtained without opiates or anesthetics; that is, without upsetting the digestion, deranging the nervous system, and loading the tissues with retained toxic excreta.—ED.

RHUS POISON.

Editor Alkaloidal Clinic.—Though a new subscriber I hope to become an older reader; and that you may permit me to say something in your paper, that I especially like because it speaks always and freely of our everyday troubles, those that worry us most.

Some of your readers seem to have been worried with poisoning from the rhus toxicodendron. In eight cases out of ten an

infusion of common brake (plevis aquilina, Wood) in sweet milk, will cure in 24 hours. Failing this, fluid extract of castanea or grindelia robusta, with an equal part of water, frequently benefits. When no other remedy helps, use as a local application a saturated solution of chloride of ammonium.

Let your readers who are worried with obstinate chronic constipation, give three grains sodium salicylate in a glass of water, a half-hour before meals. Frequently one granule of atropine sulphate, gr. 1-150, three times a day, will cure these cases.

Like Dr. Brodnax: "I always did prefer a rifle even if I missed; with the shotgun you don't know what you hit with."

N. M. HOLLADAY, M. D.

Hampden Sidney, Va.

MUSCARINE FOR SPASM OF EYE MUSCLES.

Editor Alkaloidal Clinic.—Is muscarine effectual in spasmodic affections of the ocular muscles? Should it be injected into the arm, or into the affected muscles?

G. N. VAIL, M. D.,

Farlinville, Kan.

—:O:—

It is best to inject the muscarine in the temples or over the eyebrows, avoiding the nerve. The injections should be given once a day, beginning with 1-250 grain and increasing each day until the effect is manifested.

Sometimes the drug proves remarkably effective and in other cases it fails, but further than the uncertainty of the composition of the drug as found in the shops, it being used but little, excepting in alkaloidal granules, we have not been able to find a reason for this uncertainty.

We should be pleased to hear from you and know your experience with it for the guidance of others.—Ed.

Now is the time to subscribe for '97.

ENDOMETRITIS WITH SUBINVOLUTION. HELP WANTED.

Editor Alkaloidal Clinic.—As I am but an infant in the alkaloidal practice, I now write to you for help. I have seen and read with interest a few numbers of your CLINIC; have had a few of the granules and am badly in need of more. I am in trouble, and write in the hope that your method will help me out.

I consider the case one of endometritis. She is 23 years old, has had one abortion and a child now nine months old. After doing heavy work, she complains of pain in her left side, with bearing down in the pelvis, as if something were going to drop out. She also complains of aching along the sagittal suture, back-ache, and leg-ache. Otherwise she is a stout, hearty woman. Please give me the treatment by the alkaloidal method.

WILLIAM CUSICK, M. D.,

Cynthiana, Tenn.

—:O:—

The case you describe is one of a type that has given most of us trouble enough.

I agree with your diagnosis of endometritis, and believe there is subinvolution besides. I would drain the uterus with cotton tampons, saturated with pure, water-free glycerine; one inserted every night and left in the vagina till morning; give Waugh's Laxative, alkaloidal formula, and a heaping teaspoonful of seidlitz salt in the morning, in a glass of cold water.

To condense the tissues of the womb, I would also give hydrastine sulphate, gr. 1-6, and strychnine arseniate, gr. 1-30, every four hours. If there is much pain or tenderness of the womb or ovaries, add granules of hyoscyamine, gr. 1-250, every hour until the physiological effect has been produced. Buckley's Uterine Tonic often seems to fit these cases like a glove. It is likely that she will require a supporter after you have used the tampons for ten days.—Ed.

ALKALOIDAL MEDICATION SUCCESSFUL, CONVENIENT, PLEASANT AND SAFE.

Editor Alkaloidal Clinic.—I have now been testing the alkaloidal method of treating diseases for about two years, and though I have made progress slowly and, at first, through ignorance of the proper way of using the little weapons, did not meet with the desired success, I am now convinced that there is no method of treating disease so successful, so convenient and so pleasant and safe. I have repeatedly surprised myself and my patient in promptly aborting what promised, by the serious symptoms, to be a grave case of pneumonia or a protracted fever. I have so far depended for my guidance, in the use of the alkaloids, upon the ALKALOIDAL CLINIC, and Shaller's Guide. Both are almost indispensable helps. I agree with the Editor of the CLINIC and many others, that physicians should dispense their own medicines. There are many good reasons in favor of this, and yet many hindrances to it.

I wish you abundant success in this grand departure from the old, inconvenient and uncertain mode of therapeutics.

EDWARD S. BLAIR, A. B., M. D.
Wayne, Neb.

—:O:—

Doctor, we had the same experience ourselves, and that is why we advocate dosimetry. The intelligent physician, who is not too old to learn, or too "scientific" to care whether his patient lives or dies, is the one we want to give the alkaloids a trial.—ED.

APPROVES FREE SPEECH.

Editor Alkaloidal Clinic.—Please find enclosed \$1.00 to apply on subscription, past due. Dr. C. S. Wood's article don't affect all your subscribers as it seemingly does Dr. Bailey. Most people in free countries like free speech; the only trouble is that

the majority are not free enough to speak or write their thoughts. Dr. Bailey seems to have allowed his religion to get the better of his judgment. It has been always the fault of religion to contract the mind, when taken in large quantities. Allow the CLINIC to continue as heretofore; and if too many quit, owing to pointed articles, we will order two or three more copies to replace them.

FRANK A. GREEDY, M. D.
Denver, Col.

—:O:—

Doctor, if you say that "what some people think to be religion contracts the mind," you will find plenty to agree with you. We have never yet met any one who had too much of the genuine article to suit us, nor one who was not the better for what he had. An allowance must be made for those who have not been accustomed to see such matters discussed in print, and to whom it comes with something of a shock. We like as little as any one to lift the veil which hides these things, but men and women are wrecking body and soul through ignorance of themselves; and to the doctor such ignorance is almost criminal. And the CLINIC is published for doctors.

We thank Dr. Greedy for his generous offer, which, however, will not be needed; as our correspondents have approved of the publication by a large majority.—ED.

TWO CASES OF NOCTURNAL ENURESIS.

Editor Alkaloidal Clinic.—I am one among the many who have had little experience with alkaloidal medication, but have had as much success as experience. In two cases of nocturnal enuresis, where two doctors had failed to benefit, I gave cubebin resinoid, gr. 1-6, two granules three times a day, with one of strychnine arseniate, gr. 1-134; and atropine sulph., gr. 1-250; two granules at bed-time for the first week. I then gave four of atropine the second week;

then left off all but the atropine at night, of which I am giving five granules the fifth week. Each one has wet the bed but once, and the urine can be retained during the day.

DR. F. O. SPARKS.

Grenola, Kans.

—:O:—

"Neat, clean, efficient and easy to take," are the atropine granules, which also excel the old belladonna preparations by being quick in action and uniform in strength. Why is it that children bear the mydriatics so well? Is it that the brain in the stage of development bears a larger amount of blood than after the tissues have become fully formed?—Ed.

PNEUMONIA JUGULATED. VESICAL DIFFICULTIES OF OLD MEN. RICKETS.

Editor Alkaloidal Clinic.—A man who has had several attacks of pneumonia was exposed to severe cold without an overcoat, and in the evening had chilly feelings with pain in the shoulder and back, followed by high fever and cough, with some expectoration during the night and morning. About 10 A. M. of the day, the tongue being coated, rough and cracked, he got calomel, capsicum, opium and podophyllin, of each two grains, with directions for a second dose in two hours if the pain continued; but each three hours a powder, with six drops of Norwood's tincture of veratrum, between doses, if the fever continued; very large mustard poultices were used to the shoulders and breast, and a hot foot bath to the feet.

In two days he was out of danger; but the sequel is to come. When I asked him for one dollar and seventy-five cents, he objected and said I had only given him seven powders. It would have been a blessing to him to have let him die. This is a young man with four children and a rather feeble woman, is a laborer or a mill hand, who has for many years had what

wages were paid such men. When laborers of more than average capacity and opportunity are so near to the point of desperation in a country like ours, how to change their status becomes a more serious question than the "relation of the sexes," however important that may be.

To return to the abortion of pneumonia: It may be that the use of smaller doses of veratrum, aconite and emetine will serve to jugulate it, but that veratrum and opium will do it, is quite well established if begun early, and pushed strongly enough. I have dwelt on this subject of pneumonia again, because we see and hear so much of it, and of so many fatal cases too, that might be prevented by resolute action in the beginning. Here, as everywhere, the motto is: "resist the beginnings of evil."

In many of the badly broken old men, who were in the army, there is some form of urinary trouble, not resulting from calculus, but most generally from enlarged prostate. In one who has indulged in drink pretty freely and whose immediate embarrassment is dysuria and incontinence, all the means hitherto found available have thus far afforded only temporary relief. He usually has to rise often in the night and the stream is small, while during the day he goes longer and the stream is much larger, being more affected by voluntary effort.

If you can do so, help me in this; and in the case of a babe of 14 months of age, who has spinal weakness and inability to sit alone. The child seems fairly well grown, but no teeth have yet appeared, showing that the osseous system is imperfectly developed. The question with me is in relation to adopting any form of support for the spine and how best to supply it.

JAS. H. CRAIN, M. D.

Beechwood, Ill.

—:O:—

Compare the treatment of pneumonia with that of cases jugulated by the alka-

loidal method, and we see another illustration of the marvellous way in which this disease gives way before remedies of the most diverse kinds.

These cases of dysuria and incontinence are very troublesome, to doctor and patient. Hyoscyamine, enough to produce the full physiological effect, often gives great relief. Tritica has given perfect relief in some cases. Arbutin, grain 1-67, every half hour, or less often during the day, with the hyoscyamine during the evening, may prove effectual. If the urine is cloudy give salol freely. Cantharidine, grain 1-500 to 1-250, after supper, may be tried if the above fails.

The child's case looks like rickets; at any rate, I would put it upon calcium hypophos. grain 1-67, with pepsin and diastase, one granule of each, at every feeding.—Ed.

FISSURED ECZEMA OF THE PALM.

Editor Alkaloidal Clinic:—Will you please advise me, through the columns of the CLINIC, as to the treatment of a case of palmar eczema? The skin is red, dry and glossy, and the natural lines of the skin are greatly exaggerated as to size and distinctness. There are no scales; but fissures form, accompanied by slight exudation.

C. H. BRIGHT, M. D.

Petersburg, O.

—:O:—

Fissured eczema of the hands, when not specific, is one of the most obstinate forms of this obstinate disease. I would cover the hands at night with a compound of glycerine, four ounces; oil of rose, ten drops, and starch enough to make a soft paste. Apply this freely, and put on gloves over it. Wash off in the morning, and fill all cracks with powdered graphite. It is black, and not comely, but it heals up these fissures very satisfactorily.

Internally, give granules of sodium arseniate, gr. 1-67, six daily, keeping the

bowels regular with the seidlitz salt, from a teaspoonful to a tablespoonful, in a glass of cold water, on rising in the morning. Avoid tomatoes, water cresses, and all foods like mustard, horse radish, or spices that contain irritant volatile oils.

One of our readers tells us he has found that unguentine relieves pruritus very quickly.—Ed.

A BIG BARGAIN.

Dear Dr. Abbott.—The CLINIC is worth ten times its cost to me. You are doing a grand work for the country doctor.

DR. G. M. JAMESON.

Buda, Texas.

HYSTERO-EPILEPSY.

Editor Alkaloidal Clinic:—I have a patient in whose case I would greatly appreciate your help. She is a young lady, aged 27 years, single, living on a farm. The family history is good. I first saw her in March, 1896, when I made a diagnosis of remittent fever, and gave treatment for the same. However, she did not improve, and I was called back in about a week, and found her having the hardest muscular spasms I ever saw.

I succeeded in stopping them, but they have returned, at varying intervals, ever since; sometimes slight, and lasting for three or four days; at other times so hard as to shake the entire room, and only ceasing after enormous doses of some of the bromides, combined with chloral hydrate. They sometimes come on very suddenly, when she is up doing housework. The eyes are generally dilated during an attack, and her head usually aches. She complains of pain in the left umbilical region almost constantly, and it is tender on pressure.

There is no fever. Pulse 120 between shakes, but approaches normal during the attack. Appetite very good when she is

up, but never good when she is confined to bed; bowels and kidneys act well when up, but scanty when in bed. There is a small "tumor," with fluid contents, in the left umbilical region. No tenderness in the region of the ovaries. Menstruation normal. I have given all kinds of tonics, alteratives, and sedatives, but still she remains the same. Please suggest.

F. E. HARRISON, M. D.

Mt. Holly, Ark.

—:0:—

I would tap the tumor with a hypodermic syringe, removing the fluid. In the intervals, I would give granules of cicutine hydrobromate, gr. 1-67, and iron arseniate, gr. 1-67, six granules of each every day. When the paroxysms occur, spray the upper part of the spine with ethyl chloride. Please continue this treatment for three weeks, and report results.

The bowels must be kept open, and in this case I would use Waugh's laxative, alkaloidal formula, according to the printed directions. This is one of the cases that would be benefited by sanatorium treatment.—ED.

A GOOD IDEA.

Editor Alkaloidal Clinic.—Enclosed find \$1.00 for which please remove the pink wrapper from my January CLINIC and continue to send the same for 1897. I take a large number of journals, but none are as welcome as the CLINIC.

Yours truly,

J. H. BURCH.

Baldwinsville, N. Y.

PRURITUS: HELP WANTED.

Editor Alkaloidal Clinic.—I have a case of pruritus that I am unable to control. A Swedish lady, about 35 years of age, single, a dressmaker by occupation. She has generally good health, no disease of the kidneys or other glandular organs. She

has been troubled with constipation, but relief of the constipation does not relieve the pruritus. She has been in the hands of many doctors without relief. The pruritus is quite general, with, however, localized parts that are more severely troubled, especially the waist, feet and soles of the feet. The itching of the latter is extremely troublesome at night, so that she gets but little satisfactory rest. There can be found in this case no perceptible primary lesion.

Any suggestion will be very thankfully received.

A. M. BEAL, M. D.,

Moline, Ill.

—:0:—

These cases of pruritus generally depend upon some internal condition. I would suggest for her the use of colchicine, gr. 1-134, about five times a day, until it begins to act upon the bowels. Locally I would use Fehr's talcum powder, the form that contains carbolic acid, and if this does not relieve completely, I would add to it salicylic acid, ten to twenty per cent.

The bowels must be kept regular, and probably this case would do better by using Waugh's laxative granules, alkaloidal formula.

You must not be discouraged if success does not follow at once, but keep up the treatment for at least ten days, and let us know the result.—ED.

PREMIUM CASE GETS EMPTY.

The Abbott Alkaloidal Co.—Please send the above at once as my little case is growing empty fast. Just scored one of my best victories with the "little pills." I am certainly, pleased with the alkaloidal plan of medication. I may not combine the granules like my brother M. D.s, as I seem to have a way of my own and generally doctor my patients on general principles, but they certainly do the work for me.

DR. G. M. J.

SPASM FOLLOWING INJURY: HELP WANTED.

Editor Alkaloidal Clinic.—I have a case on hand which puzzles me, and I wish you would give me your opinion and treatment, A. A. P., age 64 years, perfectly healthy except a partial paralysis of the right arm, and a spasm at variable times of the sterno-cleido-mastoid muscle, which causes severe pain. Four years ago he was reaching for a chest of tea, while standing on a ladder. The chest fell and struck him on the elbow. He fell to the floor but broke his fall with his left arm. He appeared dazed for several hours and was powerless to use his right arm, and it remained so for two years, but he is partially regaining the use now. Two months after the fall his head would be drawn backward, causing excruciating pain, which in turn gave way to spasm of the sterno-cleido muscle. His weight has increased from 168 to 202 pounds. There is no lesion to be found on the elbow or any part of the body.

A number of the leading practitioners have been unable to do anything for him, after using electricity, massage, bromides, valerianates, etc. My treatment has been glonoin, which is partially controlling the spasms, and the granules of strychnine and phosphorus. He has used tobacco and some spirits, but not to excess. I hope you or the readers of the CLINIC can assist me.

A. M. LESTER, M. D.,

Cleveland, O.

—:O:—

It is evident that the nerves were seriously injured by the fall, and the length of time which has elapsed since, makes it probable that degeneration of the affected muscular fiber has taken place. I would give him cicutine hydrobromate, gr. 1-67, six granules daily, to lessen the irritability of the muscles; the iodide of arsenic, gr. 1-67, four granules a day, and the iodide of mercury, gr. 1-6, six granules a day, to

promote the absorption of any remains of the injury. Massage and faradization of the affected muscles should also be kept up. If these have been all thoroughly tried, I should add strychnine nitrate, gr. 1-67 to gr. 1-30, injected hypodermically into the substance of the affected muscles once a day.

But the prognosis should be guarded, for one of the things a man has no right to do, is to promise relief from the effects of an injury four years old. Let us know the result of this treatment.—ED.

IN LOVE WITH THE CLINIC.

Editor Alkaloidal Clinic.—I am thoroughly in love with the CLINIC and find more knowledge in it that is useful and practical than in any of my journals. It has been a great help to me in my practice for while it deals principally with the alkaloidal method, its teachings are applicable to the more bulky methods of practice as well.

DR. W. T. WILLIAMS.

Montgomery, La.

SULPHOCARBOLATES IN TYPHOID FEVER.

Editor of the Alkaloidal Clinic.—I am one of those who have "tasted" the merits of your journal and decided I want more.

Enclosed find \$1.00 to cover subscription to January 1898. Send premium case filled with granules as per list marked.

I recently had four cases of typhoid fever in one family eight miles in the country. Until one died, the parents would not follow directions. I had about decided to use the sulphocarbolate of zinc when your journal came, and I used the soda salt as there was no diarrhea (see October No. p. 355).

In two days the temperature fell to 102 degrees, where it had previously been 104 and three-fifths degrees. Hemorrhage occurred in two cases, when ergot was added

to sulphocarbolate and cold applied externally for a few days.

Cold sponge baths were used as soon as the parents learned to follow my instructions. The patients are now convalescent, and will soon be around again.

I give the journal credit for deciding my mind in favor of the sulphocarbolates, and shall henceforth use them a great deal more. If you have an article on coughs and colds and know where to find it, please send it and I will remit.

JUDSON H. LONG, M. D.

Orion, Ill.

In the CLINIC for February, 1895, there is a pretty full paper by Waugh on coughs and colds, and an excellent one by Dr. Neptune appears in the December number, 1896. This is a pretty good time for such articles, and if our friends send in papers on these seasonable topics, they will have the preference.

The February number is to be devoted to the respiratory organs, and will be chock full of good ideas on these subjects.

In using sulphocarbolates in typhoid, add a few grains of bismuth, and thus note when perfect antiseptis is secured, when the bismuth ceases to blacken the stools. This requires about forty grains a day.—Ed.

THE BEST OF TWENTY-THREE.

Dear Dr. Abbott.—I subscribe for twenty-three medical journals, but the CLINIC is the only one I read from cover to cover.

DR. A. M. WILSON.

Kansas City, Mo.

AGUE IN A CHILD FOURTEEN WEEKS OLD.

Editor Alkaloidal Clinic.—Late in August I was called to see a fourteen-weeks-old baby. I found it had been having sudden attacks every day for four days. At about 11 a. m. its skin would become blue and its extremities from knee to toe and elbow

to fingers were nearly black. In two hours the skin began to get flushed and dry; towards night the beads of perspiration appeared, and the attack was over for that day. The mother who had nursed the baby, had not been well for a week, and probably was suffering from malaria, as was also another member of the family. Diagnosis: malaria. I put the mother upon an anti-malaria treatment, left for the baby quinine arseniate, gr. 1-67, two granules to be given at 6 p. m., 6, 7, and 8 a. m.; also glonoin, gr. 1-500, to be given at the first appearance of an attack. There were four sick days after the beginning of treatment, when all signs of malaria disappeared. Two granules of quinine arseniate, gr. 1-67, were then ordered to be taken every morning for a month.

I have had hundreds of cases in this state, yet never saw so young a child with it. I confess I hardly knew what quantity to give it, as I could find no mention of malaria in infants in my books and magazines. NATHAN W. SANBORN, M. D.

Wellesley Hills, Mass.

What do our brethren in the malarial belt say to this? I have seen infants under a year with ague, in Chicago. The dose given would seem large for an arseniate, but Dr. Beates gives quinine arseniate in grain doses, with impunity.—Ed.

A GREAT HELP.

Abbott Alkaloidal Co.—Thanks for a copy of the latest edition of your price list. It is a perfect little gem. Had I possessed one like it when I first began the use of the active principles in practice, more rapid progress would have been made. Any physician who studies it, and also makes good use of the timely suggestions to be found in the ALKALOIDAL CLINIC, should have but little difficulty in treating disease.

DR. A. F.

Ont.

IRREGULAR MENSTRUATION FOLLOWING FRIGHT. HELP WANTED.

Editor Alkaloidal Clinic.—I write in regard to a case hoping to receive your aid.

Soon after locating here, I was called to see a lady 19 years old, fair, light hair, blue eyes, well proportioned. About four years previously she came unwell, but from a fright in a storm the flow stopped, and she saw nothing for twelve months. She finally was unwell a few times, but missed again for six months.

She lost flesh, energy and strength, and is now in bed most of the time. I find on examination that she passes less than 600 grains of solids in her urine each day, most of the time. The bladder is enlarged, tender, and there is oozing of a bloody-looking mucus from it, with pain in both ovaries, the womb, spleen and stomach; but not in all these organs at the same time. Her appetite is very good but food hurts her stomach at times.

I presume it is useless to tell you all I have done. I have benefited her some, but she lacks a good deal of being well. At times she will have a fever, sick stomach and constipated bowels. I shall very much appreciate any information or suggestion you may make. I do not write for publication, but if you wish, I will report the case to the CLINIC.

S. H. WALTON, M. D.

Siloam Springs, Ark.

—:O:—

By all means, doctor, report this case in full, for it is of great interest. It is probable that the cervix will have to be dilated and I would prefer to do this with Duncan's graduated dilators rather than by forcibly dilating at one sitting. Follow this by the depleting and antiseptic suppositories, as long as there is any tenderness in the pelvic tissues.

In the meantime she needs strychnine arseniate as a vital excitant, about 1-134

grain every two hours for seven doses daily. If there is no longer any pain in uterus or ovaries, I would then give sanguinarine granules, grain 1-67, one every two hours until the flow is re-established; but if there is still pain, I would prefer alnuin, grain 1-6, every two hours while awake. Buckley's uterine tonic suits many of these cases admirably.

The bowels must be kept regular with the seidlitz salt, avoiding all aloetic preparations.

It may be necessary to use iodine upon cotton tampons, if there is much tenderness and congestion of the tissues. In that case I would give internally anemonine, grain 1-67, every two hours.

You see, I am not clear as to the amount of congestion present, and my advice must depend upon that all-important fact.—ED.

THE RIGHT SPIRIT.

Editor Alkaloidal Clinic.—I am thankful to you for sending the CLINIC after my time expired, as it was negligence that I did not renew promptly. I like the CLINIC very much.

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Healdsburg, Cal.

SEXUAL NEUROSIS.

Editor Alkaloidal Clinic.—I have a case of epilepsy; a girl about twenty-six years old, who has had fits since puberty. At first the paroxysm would come on at night, just before her monthly period; but now it will come at any time. The flow is not suppressed, but at some times she is worse than at others. There is no pain during menstruation.

She has been under treatment of a "fit Doctor" who has given her bromides until she has no strength, and her mind has become feeble. She has never been married.

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She has been under treatment of a "fit Doctor" who has given her bromides until she has no strength, and her mind has become feeble. She has never been married.

I want you to please send me alkaloidal treatment for this case. Send enough for

30 days treatment of whatever you think is indicated in the case. I of course know the girl cannot be benefited much in 30 days, but I want to get an idea of the medicine and will order enough for a thorough trial. I cannot get a history of how this girl was first taken. Her mother said she had these spells two or three years before she found out anything about it, coming on her at night and very lightly. By giving this your attention you will oblige.

J. R. CALDWELL.

Shelbyville, Texas.

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This case appears to be primarily one of sexual neurosis, doctor, rather than epilepsy; although epilepsy does follow such conditions and may have already fixed itself in this case. Note that the first manifestations occurred after puberty, at the menstrual period, when all the sexual organs are congested. I do not believe medicines will cure the girl. They will be helpful, but something must be done first. Under an anesthetic, dilate the rectum fully, so that the sphincter will remain at the time lax. Unhood the clitoris so that it will be perfectly unrestrained (for I am sure you will find the prepuce adherent), and if there is more than enough of the skin to cover the clitoris, cut it off. See to it that the hymen is dilatable, if not, trim it out entirely and leave the edges smooth, at the same time dilating the vaginal sphincter,

Then put your patient on antispasmodics like hyoscyamine, caulophyllin, etc., and see what results you get. Buckley's Uterine Tonic, often mentioned in the CLINIC, would be an excellent treatment, one granule every three hours.

State the case plainly to the family, read them this if necessary, and try and get their consent to the procedure. Let CLINIC readers kindly suggest further, approving or disproving the plan outlined. I am afraid the "fit doctor" was "unfit," if he gave bromides to the extent of producing mental debility. But we must not judge;

for the disease often results in dementia, no matter how it is treated.—ED.

DIABETES INSIPIDUS—TREATMENT WANTED.

Editor Alkaloidal Clinic:—Recently a case of diabetes insipidus came under my care for treatment. The amount of urine voided in twenty-four hours is from six to eight pints, twice the normal quantity. The patient is fairly well nourished, of strong constitution. He has been troubled for a number of years. The text-books give very little encouragement as to cure. Will Dr. Waugh or some one give me the best treatment, and tell me if there is anything that will cure? Let me hear it through the columns of the CLINIC.

I should also like to hear from some of our brethren as to the most effective treatment of the malady called gastric vertigo.

How our ALKALOIDAL CLINIC has grown in every respect. Among all the journals it is my favorite. I commenced taking it when it was a wee baby among the journals. It has outstripped many a one that is its senior by many years. It is bound to reach the top. One issue is worth the whole price of a year's subscription. I wish it a red-letter year for '97. Let's all make it interesting, brethren; it is deserving of it.

S. D. SOUR, M. D.

Princeton, Minn.

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Thank you, doctor, for your kindly appreciation. We propose to "hustle" this year, like the celebrated Chicago mouse, and will spare nothing to push the CLINIC right up among the leaders. Diabetes insipidus requires some restriction of the drinks, with pilocarpine, a granule or two every half hour, until perspiration begins; this to be repeated every day. Ergotone has also proved useful, and if pilocarpine does not greatly relieve in a few weeks, give ergotone, gr. 1-6, every hour. In both cases, a granule of phosphoric acid every

hour will relieve thirst, and assist the patient in restricting the drinking of water. The CLINIC readers may add some still better suggestions. We will all be glad to know the result. A Betz bath is an invaluable aid in all forms of diabetes.—ED.

RESINOL.

Editor Alkaloidal Clinic.—In answer to a query in "Notes and Comments" in December CLINIC, we desire to state that the condition complained of was occasioned by an imperfection in the process of manipulation; the cause of which has since been entirely overcome; so that the claim of elegance, permanence and efficiency will be fully sustained. Resinol is now even more desirable than formerly, if possible, as an application to congested conditions of the mucous surfaces, as in catarrh, etc.

C. G. Slagle, M. D., Professor of Pediatrics, College of Physicians and Surgeons, Medical Department, Hamlin University, Minneapolis, Minn., writes:

"The sample of Resinol sent me cured a chronic case of scrotal eczema, which had resisted all previous treatment for years. I am now prescribing it, with unvarying good results, in various cutaneous affections; and I am satisfied that in Unguentum Resinol we have the best local application, for a wide range of annoying skin diseases, that has ever been offered the profession."

THE RESINOL CHEMICAL CO.
Baltimore, Md.

EPILEPSY: TREATMENT WANTED.

Editor Alkaloidal Clinic.—Would you indicate a treatment for epilepsy in a girl 10 years of age? She has 10 to 20 fits in the course of 24 hours. She is worse at night. She has been afflicted about two years. At first the spasms were mild and occurred perhaps once a week, but they have grown more frequent and more severe. She froths at the mouth and bites her tongue.

She has been treated by a number of

physicians, but with no permanent good results. I have been reading the CLINIC now for a year, and like it above all other journals, and have decided to try its method of treating disease.

J. A. PEYTON, M. D.,
New Cambria, Mo.

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Most of these cases are due to irritation in the intestinal canal. I would give the child a dose of seidlitz salt, a teaspoonful in a glass of water the first thing on rising, and if this be insufficient, keep the bowels regular with Waugh's Laxative, alkaloidal formula. We have at last overcome the difficulty of procuring a reliable and satisfactory grade of aloin, and now recommend the alkaloidal formula instead of the original; this having been the obstacle in the way of the alkaloidal formula heretofore.

If your examination leads you to suspect the possibility of worms in the intestinal canal, give the child a granule of calomel and one of santonin, 1-6 grain each, every two hours for six doses a day, for several days. If not, put her on cicutine hydrobromate 1-67 grain, arsenic bromide 1-67 grain, four granules of each daily, with ten grains of the bromide of calcium to be taken in divided doses, and increase the bromide of calcium to forty grains a day if necessary.

We would be pleased to hear the outcome of this case, as it is one of special interest.

As an aid to the above, if it be needed, we would suggest gelseminine, 1-250 grain, four to six granules daily.—ED.

METAMORPHOSIA.

Editor Alkaloidal Clinic.—The case of Dr. Gregory's on page 483 of the December, 1896, CLINIC, is due to a deficiency of nutrition in the retina, the result of defective circulation.

The application of the galvanic current.

will undoubtedly give him the relief so much needed.

The technique should be as follows: Any galvanic battery may be used. The cells must have been recently charged, as then there is the least internal resistance, and we are enabled to get sufficient amperage with a low voltage. If a meter and controller are available, place them in the circuit, and apply one to one and a-half milliamperes of current for five minutes, repeating the sittings every day, or every other day.

Apply the negative pole to the eye with, the positive on the temple upon the same side, use thus for one minute, change the poles for one minute, and so on, alternating for the time of sitting, giving one minute to each pole, commencing and ending with the negative to the eye. One pole may be placed on the back of the head, in some sittings. Give each eye this application.

Sometimes I apply the poles to the eyes alone, and in such a case, the whole time does not exceed five minutes at the first. The application is to the closed lids.

If a meter and controller be not used, add cell by cell from the battery, one at a time, until four or five cells are in a circuit. A slight burning sensation will be experienced, especially on the eyelids, a peculiar taste in the mouth may be noticed, and flashes of light, or phosphorus may be observed, as the current is made or broken.

I will add that if a meter be used, only sufficient number of cells should be taken to give the required number of milliamperes and no more.

This whole question will be fully discussed in future numbers of the CLINIC.

WM. H. WALLING, M. D.

1606 Greene St., Philadelphia, Pa.

Your Anodyne for Infants has no peer.—
THOS. T. BONNER, Tupelo, Miss.

PHENO-BROMATE; A NEW FEBRIFUGE.

Editor Alkaloidal Clinic.—I am a new reader of your valuable journal and notice you receive numerous communications from physicians in all parts of the States as to their varied experiences. I have read these articles with a great deal of interest and if you can allow space for this letter I firmly believe it will be of value to your many readers.

Some three years ago I accidentally obtained a package of a then new antipyretic called Pheno-Bromate.*

I have never seen this preparation advertised nor written about, so I am sure it is unknown to the profession at large. At the time I had several cases requiring the use of a febrifuge, and deriving no satisfactory results from the use of the different coal-tar products then in the market, I determined to try this new agent. My experiment proved more satisfactory than I anticipated and I have since used it with the most happy results in controlling the pain and restlessness in pleurisy, pneumonia, la grippe, neuralgia of the head and face, and in fact all acute or chronic diseases where an agent of this class is indicated; and in no case has heart depression followed its use.

For pain during the menstrual period of young girls it affords prompt and speedy results. I have also found it of exceptional value in the treatment of children's diseases. I can confidently recommend it to the profession, feeling assured that they will find it one of the best products of its kind in use to-day. I would be glad to hear from any of my professional brethren through the columns of the CLINIC, which are always open for discussion of remedial agents, as to the results obtained from this therapeutic agent, Pheno-Bromate.

GEO. D. WIGHT, M. D.

Bethel, Conn.

*Pheno-Bromate Chemical Co., 32 West Broadway, New York.—Ed.